Clinical Lectures

DELIVERED AT GUY'S HOSPITAL

DURING THE WINTER SESSION 1865-66.

By JOHN HILTON, F.R.S.

(*Arranged for publication by* Mr. GEORGE EASTES, *late House-Surgeon of Guy's Hospital.*)

LECTURE I.

GENTLEMEN,—I wish to direct your attention to several cases now in my ward; and I shall select from each case, for our consideration, one or two circumstances of interest which may tend to elucidate the principles that guided the treatment.

POPLITEAL ANEURISM.

S. W——, aged forty-four, married, a tall and healthy coachman. Six weeks ago he "strained" his left leg while carrying pails of water, and immediately afterwards felt stiffness of the knee, with severe cramp down the calf and in the sole of the foot. On examining the ham he found a tumour larger than a duck's egg. Within a few hours of the accident the leg below the knee became swollen and œdematous, but the swelling subsided in a few days. He has continued at work till now.

Dec. 18th, 1865.—*State on admission.*—There is a spherical tumour, with a diameter of two or two and a half inches, situate above the centre of the popliteal space, soft and easily compressible, and pulsating regularly. On flexing the tibia to an angle of eighty degrees pulsation is arrested in the anterior and posterior tibial arteries; and on flexing still further, the tumour itself ceases to pulsate. Pulsation is also readily stopped on pressing the femoral artery.

Treatment and progress of case.—Ordered to keep his bed. Leg bandaged and elevated, so as to empty the superficial veins, which are large, varicose, and full, especially about the calf. One grain of opium at bedtime, if restless.

Dec. 26th.—Leg firmly bandaged, and knee bent to an acute angle, so as entirely to stop pulsation in the aneurism.

30th.—On examining the aneurismal tumour, it is found to be only half its former size and much harder, yet still pulsating. Pulsation in the superficial femoral artery scarcely distinct; an inch below Poupart's ligament the circulation is carried on mainly through the profunda. Leg rebandaged, and again bent at the knee-joint; a double tourniquet, which stops all pulsation in the tumour, is applied over the superficial femoral artery, and a pad is strapped over the aneurism itself.

Jan. 5th, 1866 (ten days after first flexion; six days after applying tourniquet).—Tumour about the size of a walnut, hard and solid, not pulsating. It has continued the same till the present date, Jan. 16th.

The man at first had severe cramping pains in the calf and the sole of the foot. Some sudden dilatation of the popliteal artery would perhaps explain these pains, pressing, as it probably would, upon the internal popliteal nerve, and causing the pain and cramp referred to. The popliteal vein, lying between the artery and the nerve, would be pressed upon by the aneurism; and the pressure interfering with the return of blood by the vein would cause the œdema of the leg, which is reported amongst the earliest symptoms of the injury.

This aneurism was cured by simple flexion, for which method of treatment the case seemed to me to be peculiarly adapted. The aneurism was situated near the *upper part* of the popliteal artery, close to where it passed through the adductor magnus, and consequently in a comparatively fixed spot. I take it that the middle of the popliteal space is that spot which is opposite the interval between the tibia and femur. Now, the aneurism was altogether above such a centre—to which fact, I think, may be in part traced the readiness with which it was cured by flexion. Bearing in mind what I have already told you, that the artery where it passes through the adductor magnus is comparatively fixed, I think you cannot fail to perceive that, when the leg is flexed to an acute angle on the thigh, the altered direction of the continuous trunk of the popliteal artery is so sharp, so bent upon itself, that it tends to stop the supply of blood to all the parts below it; whereas, when the aneurismal enlargement is placed lower down, the leg cannot be so completely fixed, nor the artery so changed in its course, as to interfere with the transmission of blood. I have seen several cases of aneurism situated in the middle and lower portions of the popliteal space, which could not be cured by long-continued flexion. The explanation just given is probably sufficient to account for the want of success. My belief is, that the higher the aneurism is situated in the popliteal space, the greater is the probability of the cure being effected by flexion, provided only that there be a short piece of the popliteal above the aneurism.

One element against the favourableness of this case was the fact of the tumour being very soft—its contents quite fluid. You know that an aneurism is cured by layers of fibrin forming on the wall within the sac. When these layers have been deposited, they communicate a feeling of hardness to the touch. The absence of this special sensation, therefore, indicated that no layers of fibrin had been formed; and that, consequently, Nature had not yet commenced to cure the malady.

The principle of the treatment was to arrest ultimately the flow of blood through the popliteal vessel. Now, it was found that by bending the knee to an angle somewhat less than that of eighty degrees all pulsation was stopped in the anterior and posterior tibial vessels, and in the tumour itself; so, if the man could bear that position for a few days, it was almost sure to cure his aneurism. No alteration was made in his diet; nor was any important medicine given to him. He was simply compelled to keep in bed; his leg was bandaged and elevated on a pillow, so as to empty the varicose veins and get rid of any œdema there might be below the knee. And after eight days, the leg being firmly bandaged to prevent any swelling, the circulation was entirely arrested in the sac by the knee being fixed at an acute angle. You will remark the simplicity of the means adopted to accomplish all that was desired. After four days of the above treatment the aneurism was found to be diminished to half its former size; harder, but still pulsating. This result was certainly satisfactory, especially the commencing hardness, which indicated that coagulation was taking place within the sac. Pulsation of the superficial femoral artery, between the popliteal and the point from which the profunda femoris comes off, had been so far stopped that it could scarcely be felt. This again was in favour of cure, because the femoral artery, not being distended to its natural size, would contract and interfere with the transit of so great a quantity of the blood-current to the aneurism. Very little pressure with the finger upon the femoral artery below the profunda at this time arrested the pulsation in the sac. Two clamps were, therefore, placed over the vessel; two being used in order that one might every now and then relieve the other, and the patient be less inconvenienced than had one alone been continuously applied. The pad over the aneurism was to favour the emptying of the sac of fluid blood. The result is that the patient has been cured by most simple means (first suggested by Mr. Ernest Hart) of a dangerous malady, without recourse having been had to the operation of tying the femoral artery, an alternative which is not unattended with considerable danger to the patient's life.

Having observed how change of direction of the arterial trunk acted as a curative means in this case by diminishing both the current and its force, let us see if there are not other kinds of cases where the same simple method of relief may be applied. Probably all the structures of the body only perform their functions in perfection as long as they retain their normal direction and position; but this rule applies especially to arteries. In cases of hæmorrhage from the hand occurring from several points simultaneously, you will find that if the hand be forcibly flexed on the forearm, the flow of blood in the radial and ulnar arteries will be so much arrested that the hæmorrhage will cease; or, as that flexion, if long continued, is painful, raise the arm vertically from the shoulder, and the hæmorrhage will equally cease. The subclavian artery describes a curve normally with its convexity upwards and outwards over the first rib. When the arm is extremely elevated, the convexity of this curve becomes directed downwards and outwards, and the free flow of blood through the vessel is interfered with. I remember a case of hæmorrhage from the hand where styptics, the actual cautery, pressure, and other means had failed to arrest the bleeding, and where it was thought that either the radial and ulnar arteries or the brachial would have to be tied. As a last resource, the man was placed upon a bed, his arm was elevated over his shoulder, and the hand tied up to the bed-furniture in that elevated position. The hæmorrhage shortly ceased, and the patient did well. Therefore, I may recommend to your notice as a powerful thera-

peutical agent, in certain cases of hæmorrhage, a change in the direction of the arterial trunks.

CANCEROUS TUMOUR OF THE ARM; REMOVAL; ERYSIPELAS; RECOVERY.

On the 12th of last month, I removed from the upper arm of a man aged sixty-two a tumour which, from its history and microscopical structure, was certainly cancerous. The wound went on healing well, and the man progressed favourably until the 9th of this month, when erysipelas appeared in the arm. I have by me the dresser's report of the details of the case, but shall not refer to them, as I only wish to speak of the erysipelas. The dresser says:—

"Jan. 9th, 1866.—The patient has been going on remarkably well till to-day, the wound rapidly cicatrizing. This morning he complains of loss of appetite, has furred tongue, and pulse 100. Erysipelas has broken out in the arm, which is swollen and painful. Skin of a dusky red from the wrist to the wound, situated near to the insertion of the deltoid muscle. Tincture of sesquichloride of iron is painted over the part affected, and the patient ordered to take twenty minims of the same tincture in infusion of quassia three times a day; the arm to be raised upon pillows.

"13th.—Better; the arm much less swollen, and the wound again looking healthy."

The instinctive treatment of erysipelatous inflammation, when you see the redness of the surface and feel the heat of the part, is to apply cold to it. But I would say to you, "Never use any really cold application, which will lower the temperature of the part, as you would by permitting a stream of cold water to trickle over it, or by putting on a bag of ice." But some of you are mentally exclaiming, "Oh, I have often seen cold lotions applied in erysipelas, and do good." I ask you whether it is not a fact that these cold lotions soon become warm applications by contact with the skin? At any rate, my advice certainly is that you never apply cold to cases of erysipelas.

Erysipelas must be regarded as a general blood-poison. Like all blood-poisons, it attacks those parts of the body which are the deteriorated portions of the system, causing an evolution of the poison either into them or upon their surface. But someone will observe, "Is it not much more likely that the erysipelas starts from the wound itself and spreads to the neighbouring tissues, seeing that the margin of the wound is almost always the part first attacked?" I reply that the margin of the wound is the most deteriorated part; hence, erysipelas there manifests primarily its local action. This man was fortunate, inasmuch as the erysipelas attacked the skin of his arm in preference to manifesting its local action on some of the deeper tissues; it was certainly better for him that an evolution of the poison should take place on the surface than that he should have pneumonia, or that his brain or liver should become disordered. Had a bag of ice been applied to his arm, probably the poison might have been diverted to some other locality, where its attack would have been attended with more serious consequences. I think it right, when erysipelas has commenced on the surface, to solicit its evolution by warm fomentations, medicated with poppy or hemlock, so as to reduce the sensibility of the skin, for an erysipelatous part is usually hyperæsthetic.

But a question naturally suggests itself for our inquiry: If the generation of the poison does not start from the wound, where does it commence? Most frequently, I imagine, in some part of the alimentary canal. Take this man's case. Just before the erysipelas showed itself, he had loss of appetite, which you will find one of the most frequent premonitory symptoms. He does not seem to have experienced a desire to vomit, though this is often superadded to the loss of appetite. Does not this appear to indicate that the stomach is desirous of getting rid of something which is irritating the organ? I so interpret it, and act upon the suggestion by giving an emetic, and afterwards clearing out the bowels by a purgative. This treatment I have over and over again seen quickly followed by the most beneficial results, the erysipelatous blush quickly disappearing from the surface, the appetite returning, and the patient expressing himself as feeling much relieved by the vomit. But why does the erysipelas cease? I must assume that there is a morbid fluid secreted by and within the stomach, which is reabsorbed by the stomach or intestines, and which poisons the blood and gives rise to erysipelas. I can give no positive proof of the truth of this statement; but I am sure that, by receiving it as true, and adopting as the earliest step the treatment by an emetic and a purgative, you will frequently in your practice be gratified by witnessing the rapid arrest and disappearance of existing erysipelas.

I just now laid it down as a principle that in constitutional disorders dependent upon blood-poisons the local symptoms are manifested at the spot where the tissues are most deteriorated. You see this expressed in the sequelæ of small-pox, measles, scarlet fever, typhus fever, &c. A patient apparently previously healthy goes through the fever process, and just when about to get up, some local manifestation of mischief is discovered, such as inflammation in the knee or at the hip-joint, an empyema, a large chronic abscess forming at some part, &c. This is the more remarkable as far as the joints are concerned, because the patient may have been lying down during some weeks, and the joints have been comparatively free from any disturbance as regards motion at the part. But what is the explanation of the events? The hypothesis is that, previous to the occurrence of the fever, a slight strain or bruise was received at the part, or that from some pre-existent latent cause of deterioration in the structures, these parts subsequently manifest locally the general morbid condition of the system. If a small principle like this can be recognised, you may see how widely it is capable of being applied, and it will help to explain many points which might otherwise be clothed with the obscuring title of "anomalous," or lost in the meaningless term of "caprice of nature."

The skin of the patient's arm was of a dusky-red tinge, and the inflamed part was very little swollen or raised above the level of the surrounding healthy integument. These local symptoms marked the erysipelas as of an asthenic character. His vital powers were low; he had to repair a considerable wound; so that the local inflammation was of an asthenic type. The inflamed parts were painted with tincture of the sesquichloride of iron. Why so? It may act as a direct astringent, or it may excite the capillaries to contract, and thus tend to diminish capillary congestion. Hence it is one mode of applying pressure to the bloodvessels which are dilated, as you can see by the redness of the part. It moreover unites with the cuticle, shrivels it, and forms a thick covering to the inflamed skin, and, acting as a bandage, makes pressure upon the capillaries, and keeps off the oxygen of the air that otherwise acts as a stimulant to the capillaries of the surface. I did not give this man an emetic, because he did not complain of a feeling of nausea; but I ordered him the tincture of sesquichloride of iron internally with infusion of quassia, so as to improve his appetite and keep up the general powers of his system. Or did the steel act upon the contents of the stomach as an antiseptic, and so act beneficially?

FRACTURE OF THE OLECRANON; DISLOCATION FORWARDS OF RADIUS AND ULNA.

In No. 12 bed is a case of injury to the elbow. When the man was first admitted, there was so much swelling and deformity about the joint that we could not ascertain with precision the character of the accident, beyond the fact that there was fracture of the olecranon, which was not drawn up by the triceps muscle, and that the forearm was displaced forwards. Splints were applied for the purpose of preventing disturbance of the parts; and the elbow was raised in order to facilitate the removal of the swelling. Yesterday (eight days after the accident) the splints were taken off; the swelling had gone down, so that I was enabled to ascertain the cause and nature of the great deformity. There was a transverse fracture of the olecranon process, at about an inch and a quarter from its extremity. The fracture extended forwards into the elbow-joint, and traversed obliquely upwards the base of the coronoid process, so that there was nothing to prevent the radius and ulna from being dislocated forwards; and we found them both in their proper relations to each other, but both occupying abnormal positions quite on the front part of the lower end of the humerus, and the olecranon process still in its proper site. Ordinarily, in cases of simple fracture of the olecranon, the triceps muscle draws the detached piece of bone upwards above the elbow-joint; but in such instances the radius and ulna are not dislocated. In the case before us the olecranon was not drawn upwards (being retained *in situ* by something—possibly by part of the coronoid process of the ulna, or probably by some dense fascial tissue connecting the olecranon with the posterior ridge of the ulna), whilst the radius and ulna were both dislocated forwards.

Fracture of the olecranon is usually produced by muscular exertion, or by direct violence upon the prominence of the olecranon when the forearm is flexed; but the injury now in Luke ward was caused by a peculiar kind of accident. The

patient tripped and fell heavily upon his elbow, which came in contact with the projecting edge of a low step in his own house. The forearm was bent at a right angle to the upper arm, and, the olecranon projecting backwards beyond the edge of the step, the rest of the forearm struck upon the flat surface of the step. The weight of his falling trunk, transmitted through the humerus to the olecranon, broke it off the ulna; and the original force continuing to exert itself, the radius and ulna (after the fracture) became dislocated forwards on the lower extremity of the humerus. Besides, the action of the biceps and brachialis anticus, which were now without muscular antagonists, would tend to produce, and subsequently maintain, the dislocation forwards.

Our museum contains a preparation (No. 1119°°) of the very same kind of injury. The man from whom the specimen was taken came in under Mr. Birkett on Sept. 13th, 1855. He had fallen on his elbow from a height, and was suffering from compound fracture of the olecranon. Suppuration and sloughing ensued, and the arm was amputated in the November following. His accident must have been nearly a *fac-simile* of the one we have now in Luke ward; and I should think that if this preparation of his injured elbow-joint were clothed with muscle and other natural materials, it would present just such a deformity as did the case now in the ward on the patient's admission.

How is the case to be treated? I shall put the man under chloroform, and see how I can best replace the radius and ulna, and retain them in position. It may be that after reducing the dislocation now existing, we may find the forearm will best remain in position by its being fixed on splints at a right angle to the humerus; or we may find that by being fully extended its position will be best maintained, and the reunion of the broken portions most favoured. I cannot now say how this will be. It is the right arm which is injured; and we must take care that, should the forearm become fixed, it shall be anchylosed in the position most favourable to its future utility.

WOUNDED ULNAR ARTERY; SLOUGHING; SECONDARY HÆMORRHAGE; AMPUTATION OF ARM; PYÆMIA; ABSCESSES OPENED; RECOVERY.

The next case to which I shall briefly allude is that of the man occupying No. 3 bed. He originally received a wound just above the right wrist, by which the ulnar artery was cut. A medical man temporarily stopped the hæmorrhage by a pad made to press upon the wound; and the man then came to the hospital. As there was no sign of hæmorrhage, and the arm appeared carefully done up, he was taken into my ward for a few days, and no attempt was made to tie the wounded vessel. I must say that that was not good practice: so large an artery as the ulnar, when wounded, ought always to be tied; for it is almost certain to bleed again. Such secondary hæmorrhage took place in this case from sloughing. The artery was tied above and below the source of the bleeding, and then cut through. The sloughing subsequently extended far up the arm, and both the ulnar and median nerves were exposed, from which the man suffered excessive pain during many days, although well supplied with opium in large quantities. A third hæmorrhage ensued, from the slough extending into the radial artery. Mr. Forster, observing that the tendons in the forearm were exposed and dead, and the nerves sloughing (leaving the man no hope of regaining motion in his hand), advised and performed amputation above the elbow-joint. After a short time pyæmia supervened. We looked out anxiously for the local manifestation, by symptoms, of the general diseased condition. No one can foretell whereabouts the secondary effects of pyæmia will occur; so it behoves you, in every case of pyæmia, to watch the patient, in order to detect as soon as possible the occurrence of any local mischief. Inflammation of kidneys occurred (probably of the left, for he had pain and tenderness in the left loin on pressure), giving rise to blood and pus in the urine during many days.

You will inquire, How was he treated during all this time? Well, two things are essentially necessary in pyæmia: *stimulants*, to prevent the deteriorating influence of the pyæmic condition of the blood from so depressing the heart that the patient dies from failure of the heart's action; and *abundant nourishment*, so that the blood, from which all the tissues of the body have to be sustained and repaired, may be renewed by its appropriation. The principle regulating the constitutional treatment of pyæmia is plain and simple. The local symptoms, however, must be promptly and accurately attended to; all local collections of pus should be at once let out, &c. &c.

To return to our case. The man had secondary abscess near the shoulder-joint; it was opened above and anteriorly, but it was incompletely emptied by the incision, and the man suffered fresh pyæmic distress. I tried by continued exact pressure to keep the abscess empty; still the pyæmic distress continued, and the man's life was in great danger. I then made a deep and large opening into the abscess at its lowest part at the back of the axilla; a quantity of stinking pus was let out, and the pyæmic symptoms diminished immediately. The man still continues to improve, and, so far as I can see, now seems free from danger. Observe that the diet and all other influences were the same both before and after the abscess was opened the second time. Does it not therefore seem reasonable to suppose that the opening of the abscess at the most depending part, and the allowing of the putrid pus to drain away as soon as formed, explain his marked improvement? Undoubtedly. Yet, why so? What is the explanation? My idea is that the unhealthy matter in the abscess was being absorbed, and by poisoning the blood gave rise to what is termed constitutional hectic. I venture to reiterate the opinion which I have oftentimes expressed in my systematic lectures on Surgery, that the pathological cause of hectic fever, associated with chronic abscess, or following its being opened, is absorption of unhealthy fluid engendering pyæmia. On the other hand, it is right I should tell you that others explain this hectic condition by supposing it to depend on some ill-defined nervous morbid influence exerted primarily by the ganglionic system of nerves which induces the general disturbance.

At any rate we may learn from this case that when a collection of fetid matter is confined within the body, causing general disturbance, it should be at once let out by an opening made into its most depending part.

Associated with this subject of abscess and pyæmia, I may allude to a case of *Lumbar Abscess* and another of *Psoas Abscess* in my ward.

In cases of abscess connected with diseased spine, my advice is that you delay the opening as long as possible, since it is just possible that abscess may disappear spontaneously; for suppuration is part of the method of reparation of diseased bones and joints, and the pus may after a while become disintegrated and absorbed without harm to the patient.

In No. 22 bed is a man who has suffered from disease of the last lumbar vertebra, and who had on admission a large psoas abscess extending along the left brim of the pelvis, then under Poupart's ligament, and pointing half way down the front of the left thigh. He was resolved that some active treatment should be adopted to get rid of the abscess, so I determined to try and empty it by degrees. For this purpose I introduced a trocar and canula, and drew off about one pint of tolerably healthy pus free from offensive odour. The wall of the abscess became inflamed; it was very hot and tender, and the contents of the sac became deteriorated by it. The patient began to suffer severely from constitutional disturbance or hectic, so that his life was in danger. I determined to make a free incision into the swelling, in order to let out the whole of the sero-purulent bloody fetid fluid which it contained. From that very day he began to improve, and has continued to do so up to the present time. I assume that he suffered from pyæmia, and on my displacing the source of it he recovered.

In No. 10 bed was a patient, a short while ago, who had, on admission, a large, irregularly-shaped, projecting lumbar abscess on the left side, connected with old disease of the spine of five years' standing in the middle of the dorsal region. I shall now refer only to the abscess and its treatment. In this case the skin had become very attenuated and red, yielding unequally to the pressure of the fluid within; somewhat tender and ready to slough. As the destruction of skin in such a case is lessened when the surgeon anticipates the natural process by using his scalpel, I laid this abscess open freely. A large quantity of tolerably healthy pus escaped, containing some solid and lymph-like masses mixed with it. A blister was at once applied over the abdominal aspect of the abscess, by which means we hoped to anticipate the occurrence of inflammation in the walls of the abscess. For a few days the patient did well; the sac then became hot and painful, the discharge offensive and unhealthy. His general condition was that of great constitutional disturbance, with some vomiting, feverish sweating, and hectic, with dry, brown tongue. He died, and the post-mortem examination proved that he died of pyæmia, affecting the lungs and pleuræ locally. This pyæmia, I believe, was induced by the absorption of unhealthy fluid from the abscess through the denuded inner surface of the abscess walls. As a rule, after opening a large abscess (like these two), I apply a large blister over its site, in order to prevent the occurrence of inflammation in the sac; and I can in

good faith state my belief that blistering often accomplishes its purpose, although it did not do so in the instance just related. On the supervention of inflammation within the walls of the abscess, the layer of effused fibrin previously deposited upon them (which, by shutting off the lymphatics and veins, has hitherto been the patient's safeguard against absorption) now becomes softened, breaks down, falls into the abscess, and exposes the lymphatics and small veins, thus permitting the absorption of the deteriorated blood, pus, serum, &c., and hence the fatal pyæmia.

PHAGEDENIC SLOUGHING, BENEFITED BY IRRIGATION, AFTER FAILURE OF ESCHAROTICS.

Of one more of my cases I will speak. A man was admitted three months ago, suffering from caries of the tibia quite at the lower end on the inner side of the foot, with phagedenic sloughing of the tissues covering it. I destroyed the edges of the sloughing part freely with strong nitric acid, and tried almost everything to solicit a healthy action. The course of the case was unsatisfactory: occasionally there was much local improvement for a little while, and then a relapse would occur. In consultation with my colleague, Mr. Cock, it was determined to try efficiently continuous irrigation with tepid water to the part, without any change in previous diet or medicine. The irrigation was the only additional treatment; therefore I do not think we can be far wrong in attributing to it alone the benefit which ensued in the patient's condition. The wound, which occupied several square inches of surface, has closed, and is now covered with young and healthy skin. How, then, does irrigation do good? What is the principle of its utility? It simply washes away all the unhealthy fluid secreted by the phagedenic surface, and which, if allowed to remain, inoculates the adjoining enfeebled structures, causing them to ulcerate or die. Irrigation does not act by subduing inflammation, of which there was scarcely any in this case; moreover, the water used in the process was not cold, but tepid. In phagedenic ulceration you kill the inflamed part (that from which the poisonous discharge arises) by means of the strong nitric acid, or other escharotics; and, in order to do it effectually, you must destroy not only the surface of the ulcer, but especially the integument surrounding it until you reach the obviously healthy skin, so that no poisoned structure nor poison-generators remain to propagate the disease. The healthy tissues that remain will then form new healthy material for repair.

Irrigation does not act quite like an escharotic; the former washes away the unhealthy fluids as soon as secreted, whilst the latter destroys the source of the secretion, and prevents its formation. You will often find that one of these methods of treatment will be of service when the other has failed to produce any benefit.

ON EXTREME FLEXIONS OF THE UTERUS:

WITH DESCRIPTION OF A NEW INSTRUMENT FOR THEIR RELIEF.

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THE distinction of those uterine deviations formerly comprised under the general title of ante- or retro-version into true version (where the whole organ is bent like a pear on its stalk) and of flexion (where the bend is in or above the uterine cervix) has come to be very generally accepted, and is not without its practical utility.

It is to the latter class of cases, where there exists some considerable alteration of the natural angle which the cervix uteri forms with the body of the organ, that the following remarks are restricted; and more especially to those extreme conditions of flexion where the uterus is, to a greater or less extent, folded on itself. Where this displacement occurs backwards (its most frequent direction), the facilities for physical examination presented by the prolongation of the vaginal cul-de-sac behind the cervix allow of its more ready recognition and replacement. Notwithstanding the advantage thus afforded, the diagnosis should be very carefully formed; for there occasionally occur in this situation tumours which present to the touch characters very like those conveyed by a retorted fundus uteri. But with ordinary care, there is rarely any difficulty in arriving at a correct diagnosis.

Retroflexion of the uterus in the utmost degree—with the fundus forced down in the fossa of Douglas and the cavity of the organ bent like a hook—may be considered as a type of extreme intrinsic displacement. In such cases the cervix may but slightly deviate from its normal situation, or even occupy its natural position relative to the vagina; yet the protruding posterior lip of the os uteri, and the elongated linear orifice, curved with its convexity forwards, should at once induce suspicion that there has ensued some disarrangement of the natural order of uterine place.

The suggestion that a uterus so extremely displaced (and affording distinct etiological evidence of results constantly met with only where it is thus distorted) should be treated as for some supposed inflammation, without regard to the deviation of place, is, I firmly believe, just as unreasonable as it would be to treat a strangulated hernia by the application of leeches, without attempting any reposition of the bowel.

The use of some intra-uterine support indubitably owed its origin to the proved inefficiency of ordinary methods of treatment in certain extreme cases of uterine versions and flexions. In the latter cases the fundus could be raised by careful manipulation, the cervix brought well backwards, and the uterus—long unnaturally distorted—be thus replaced, with immediate relief to the patient. But too often this good result was only of temporary duration. The fundus gradually rose and reclined again, and the urging of intestinal action caused it to resume its vicious position. There would thus be successively brought about three distinct conditions of mechanical displacement. 1. The whole organ is first turned on its axis, producing a partial retroversion. Then there gradually ensue the stages of deviation, which are ranged under the head of flexions—viz.: 2. A cornuation of the uterus, the organ being unnaturally *curved* (most frequent in cases of anteflexion). 3. The true flexion, where the body is bent on the cervix at a sharp angle. The first stage—that of retroversion—is not commonly met with where the neck is empty, since the conditions under which it most frequently happens are just those which lead the patient to delay seeking advice. The following case illustrates such a state:—

Mrs. ——, aged twenty-seven, confined a year, suckling the child for only six months. After the first month she began to move about; but felt so much weight and forcing in the body that she was glad to take to her couch again. Carriage exercise increased her suffering, until she had to give up every attempt at exertion, since it induced such increase of pain. The action of the bowels always produced suffering. Latterly some blood usually passed with the motions, and she came to consult me in the belief that her sufferings were due to internal piles. The uterus was large and soft, but not tender—just in that condition so often found after a difficult labour, where the subsequent involution has been inefficiently effected. The cervix was low down in the vagina, and the organ directed somewhat backwards, with a slight reclination of its fundus. Reposition by means of the uterine sound (which entered to a depth of nearly three inches and a half) gave immediate relief. There was no recurrence of the displacement or of the bleeding; the patient became again pregnant, and has felt no further inconvenience.

In even more advanced reclination, if careful replacement be effected just prior to a menstrual period, and great caution exercised throughout that time, permanent relief may sometimes result. For the reparation of uterine tissue, which is determined during each catamenial period, supplies a valuable auxiliary in the treatment of uterine disorders of all kinds, and always requires to be held in mind.

Moreover, in these extreme cases of retroflexion even where the displacement recurs again and again, it often happens that a cure may be effected by extra-uterine supports—setting aside the necessity for resorting to any intra-uterine appliance; especially in cases where some neoplastic thickening of the posterior uterine wall induces retroflexion by its weight, and menorrhagia by its presence. Here reposition, followed by the adaptation of a fully inflated air-ball pessary, as advised by Valleix, in order to sustain the uterus high up in the pelvis, mechanically prevents recurrence of the displacement, whilst appropriate treatment is pursued for restoring the general health. Notably this was the result in the following cases, which serve also to illustrate the very diverse physical conditions which may produce the same disorder of uterine place.

1. A widow lady, aged forty-six, of healthy family, strong constitution, and full habit, suffered from such extreme menorrhagia and urging dragging back-pain that she had been almost entirely confined to her couch for three years. The original

cause was clearly traced to sudden check of menstruation by exertion and night exposure during a fire. There followed gradually increasing dysmenorrhœa and menorrhagia, her sufferings greatly increasing at the menstrual periods, which were both too frequent and too free. The recto-uterine space was occupied by a rounded tumour, which, by using the sound, was distinguished to be the thickened posterior wall of the retroflexed uterus. This was carefully replaced, and a large air-ball adapted as high up as possible and fully inflated. Great local relief ensued; the health gradually improved under general treatment, though the progress was but slow. The patient has now been upwards of a year without any instrument or recurrence of the suffering, and walks and works and makes long journeys without discomfort.

2. E. D——, aged twenty-eight, married, very thin and debilitated. A week after birth of her last child (in India, five years ago) she left her bed to attend her husband through a severe illness. Has ever since suffered from dysmenorrhœa and symptoms of uterine displacement; being unequal to any exertion, and presenting the usual complications met with in Indian cases—leucorrhœa, hepatic congestion, constipation, severe sympathetic headaches, enfeebled digestion, oxaluria, &c. The fundus uteri was felt low down behind the cervix, and carefully replaced. The long enfeebled and attenuated organ measured three inches and a quarter, and tended to fall forwards, just as it had previously bent backwards. Here the ball-pessary sufficed to maintain position, whilst the general health was improved by tonic treatment. Two months after, she could walk three miles without inconvenience, the pessary having been left off after the first menstrual period had passed.

But there occasionally come under notice cases where no extra-uterine appliance does any good, and where the ingenious curved supports devised by Dr. Hodge of Philadelphia, and modified by Drs. Priestley and Marion Sims, cannot be borne because of the irritability of the peritoneal pouch that descends behind the uterus; and where the numerous other ingenious devices recommended prove equally inefficacious, the replaced fundus returning to its retroflexed position, and all the old suffering coming back to the patient, on any effort or exertion. It was the occurrence of such desperate cases which undoubtedly led Amussat, Velpeau, and Simpson, to resort to the use of some intra-uterine means of support, as affording a fair probability of relief. Of the instruments devised, that of Sir James Simpson is the only one worthy of note. Its success in his hands at once attracted attention, and the intra-uterine stalk-pessary was extensively tried. That in a considerable number of cases there ensued very serious results—metritis, pelvic cellulitis, peritonitis, and death, all attributed to its use—cannot be doubted. And individual writers in this country have joined chorus with the speakers at the Imperial Academy of Medicine who so vehemently denounced the use of the instrument during the discussion by that learned body of the use of intra-uterine pessaries. But it must be remembered that Dr. Simpson recorded the results of his own practice without making himself responsible for the results which might arise from defective application of the instrument; and even where its use is most vehemently condemned, there is no attempt to explain the cause of its failure—to ascertain whether it be the stem-pessary that is in fault, or the principle of intra-uterine support that is erroneous, or the operator that is to blame.

The evil results which have indubitably ensued in many cases where instrumental intra-uterine support has been attempted are, I believe, chiefly attributable to two causes:—

1st. The method of using the uterine sound ordinarily pursued to produce reposition is very liable to seriously hurt the uterus.

2nd. A firmly supported intra-uterine stalked pessary must produce mischief unless used with very exceptional skill, and is calculated to perpetuate or increase any injury caused during the preliminary replacement of the retroflected uterus.

This latter proposition explains itself; when it is remembered that the uterus, whether healthy or diseased, is never absolutely at rest, moving downwards with every inspiration, and with every effort which induces descent of the diaphragm—as coughing, sneezing, laughing, &c. It is influenced as to its position by the condition of the adjacent organs, and by any strain thrown on them. It especially resents continued pressure against any point of its internal surface, and such local irritation is pretty certain to determine expulsive effort. If this effort fail, and strong, unyielding pressure on the delicate intra-uterine membrane be maintained, there ensue results ranging through that series of severe symptoms noted as following the employment of the intra-uterine pessary; for its due adjustment implies that an ivory or metal stalk lies within and holds up the womb; this being firmly maintained in position by a vaginal stem connected with a well-adapted external support. Thus the fundus of the replaced uterus is at every downward movement checked by the presence of an unyielding, inelastic intra-uterine stilette, the point of which always impinges on the same spot. The success of the instrument in the master-hand of Sir J. Y. Simpson has probably been due to his so adjusting the length of the intra-uterine stem that it just sufficed to retain the uterus in position, without impinging against the fundus. But at best it must be a hazardous procedure, and the more so when it is remembered that there already exists an unhealthy structural condition in the majority of cases of chronic retroflexion.

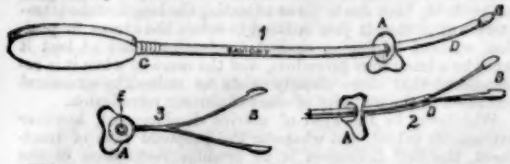
Whichever be the kind of uterine displacement, however extreme its extent, and whatever the proposed plan of treatment, the first indication is to produce restoration of the natural position, if this be possible; for there occur cases where it would be eminently injudicious to attempt any interference, on account of adhesions having been formed, or from other causes. This preliminary replacement usually requires the employment of the uterine sound, and if not adroitly done may itself be productive of mischief, as already noted. The general directions given for the use of the instrument in cases of extreme retroflexion seem very inadequate. The strongly curved sound is to be introduced until it passes to the depth of the uterine cavity, and then turned or twisted on its axis until the fundus is moved forwards. Anyone holding the instrument in his hand and thus rotating it, will at once perceive what a powerful leverage is exercised, and how the uterus must be dragged into a new condition of lateral deviation whilst undergoing the half-turn that is to bring its concavity forwards, with great probability of injuring the delicate tissues pressed on.

The rule for reduction of all disorders of uterine place is that the organ shall be gently caused to retraverse the course originally passed through on its way from the natural to the unnatural position. In a case of extreme retroflexion, reposition may be readily accomplished according to the above rule. The patient is placed on her side, doubled together so that the body lies across the couch and the knees approach the chin. The curved sound introduced with the concavity backwards is gradually passed round the flexure to the full depth of the uterine cavity, whilst the forefinger of the free hand gently raises the fundus, helping, as it were, to fit the displaced part on to the end of the instrument within the cavity, so that it may obtain full command of the organ. The next stage is that of replacement, sweeping the fundus uteri steadily upwards, forwards, and somewhat downwards. The intra-vaginal finger is shifted so as to press on the anterior part of the cervix, and prevent the instrument receding. Then the handle of the sound is carried gradually backwards until it lies within the fold of the nates, that portion of the instrument engaged in the cervix constituting the axis. Thus the point of the sound lifts the fundus uteri upwards and forwards. If now, retaining the same axis of movement, the handle be raised, and swept round in a semicircle until it comes down behind the thigh, there is thus acquired the power of continuing the tilting forwards of the fundus uteri until its natural position is attained, without causing any other deviation of place than originally occurred in the progress of displacement. When replacement has been thus accomplished without undue drag or the use of any force, there ensues almost immediate relief—so marked that I have ventured, at the risk of being tedious, to recount the method and meaning of an apparently very simple process.

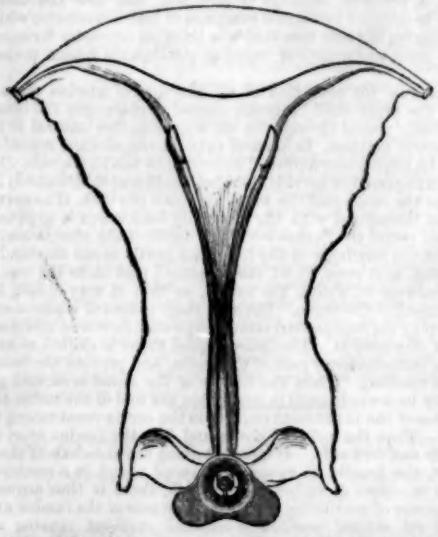
The cases in which every ordinary method of replacement fails to prevent recurrence of flexion were just those in which trial was made of the stalked pessary of Sir J. Y. Simpson. When this was condemned as hazardous, and the reasons for its falling into disfavour were understood, there remained no other course than to leave these patients to their sufferings, condemned to dysmenorrhœa, sexually inapt and sterile, and unable to make any physical effort or endure the least exertion. I was painfully impressed as to the extent of hidden misery which women have to endure, often inexplicable to themselves, and more frequently of such kind that they do not choose to talk about it, by a case where the patient cheerfully professed her readiness to submit to wearing a stalked pessary, even after full explanation of the professional dicta as to the serious risks involved.

It was with full recognition of the difficulties and hazards attending the introduction of a foreign body within the uterus, so as to exercise mechanical influence on its position, that the instrument now to be described was devised. I considered it

essential for an efficient intra-uterine pessary that it should not interfere with the movements of the organ itself, since these must go on. I recognised that only mischief could result from allowing the possibility of pressure against any one point of the intra-uterine surface; that any continued dilatation of the cervix would certainly induce expulsive action, and that the only way in which physical elasticity could be safely counteracted was by elastic resistance.



This instrument for assuring the continuance in place of a flexed uterus resembles in appearance a short sound, having a guard-plate (A) at such distance from the extremity as to represent nearly the normal uterine length. After replacement of the uterus, the instrument is introduced just as an ordinary sound until the guard comes to touch against the cervix, when the smoothly-rounded end (B) lies free within the cavity of the uterus, the intervening part being bent to the natural curve of the organ. The finger retains the guard-plate *in situ*, whilst the canula (C, D, Figs. 1 and 2) is withdrawn. The spring-pessary expands, as shown in Figs. 2 and 3, lying along each lateral wall of the intra-uterine cavity, as seen in Fig. 4. The



breadth of the spring prevents any antero-posterior flexion, and its elasticity antagonizes expulsive effort, whilst the movements of the uterus, as a whole, are in no way restricted. The withdrawal of the instrument is accomplished by introducing the canula until its point touches the hollow on the vaginal surface of the guard-plate, as seen in Fig. 4. There is a slit on the back of the canula which receives the metal bar connecting the spring with the guard-plate. Thence it readily glides into the cavity, and collapses the spring, as in Fig. 1. There is no need to employ the speculum either for introduction or withdrawal. It was my original intent that the springs should be plated with gold; but I find that the steel undergoes but slight superficial change, without any erosion of its smooth surface, even when retained for a fortnight. This is the longest time it has been continuously worn; but in this case it caused no inconvenience, and was only removed on account of impending menstruation.

This instrument,* like all local appliances, whether mechanical, physical, or chemical, is but ancillary to, and may not be allowed to supersede, the more important general therapeutical treatment required in all uterine complaints, whether these be lesion of structure, deviation of place, or disorder of function. The success of any new plan of treatment can only be fairly judged after the lapse of a very considerable period, and when the patient has for some time resumed the accustomed routine of a healthy woman's life. I purpose in a further communication recording the results of my own experience of the use of the instrument, of which I have here described the mechanism and purpose.

Somerset-street, Portman-square, Feb. 1866.

* Made by Messrs. Whicker and Blaise (late Savigny and Co.), St. James's-street.

THE PROOFS THAT LITHOTRITY IS AN EMINENTLY SUCCESSFUL OPERATION.

BY HENRY THOMPSON, ESQ., F.R.C.S.,
SURGEON EXTRAORDINARY TO H.M. THE KING OF THE BELGIANS,
SURGEON TO UNIVERSITY COLLEGE HOSPITAL, ETC.

No. II.—*(Concluded.)*

I WILL briefly analyze the ages of the twenty-three successful cases of lithotrity operated on during the year 1865, and reported in the preceding number of THE LANCET.

The oldest patient of the series had passed eighty-four years of age; the youngest, twenty-eight years; but only four among them were below the sixtieth year. The mean age of the remaining nineteen is sixty-six years. Of the whole twenty-three, the mean age is sixty-two years. Six individuals of the number were of seventy years and upwards.

As stated at the conclusion of the preceding paper, I have operated by lithotrity successfully in forty-four *consecutive* adult cases during the last two years and a half, the mean age of the forty-four being also sixty-two years.

I still do not presume to adduce numbers sufficiently large to offer any absolute statement respecting the rate of mortality after lithotrity, or as to the result of any given method of performing the operation. But I think I may fairly lay claim to having established the following propositions:—

1. That lithotrity is capable of freeing elderly patients from stone at a very small risk, if well-constructed instruments, with delicate manipulation, be employed, and if watchful care be exercised in the management of the patient.

2. That the success of lithotomy has never been in any way comparable with that which I have been able to report as the result of the crushing operation.

I have only a few words to add relative to the mode of performing the operation. The principles enunciated in the paper of 1865, and also in greater detail in my work "On Lithotomy and Lithotrity," have been strictly adhered to—viz., to reduce to its minimum the employment of instruments of any kind; to make each sitting as short as possible; to pulverize the stone, or bring it to the condition of very small fragments, by the use of flat-bladed lithotrites; to trust very much to the natural efforts of the bladder for the removal of this débris, and not greatly to artificial means.

Respecting the first condition, I may say that I have not in any single instance injected the bladder before operating, but have always used the lithotrite with any amount of urine which might happen to be present in the bladder, so that all instrumental manipulation, and all disturbance of the bladder by injecting, have been saved. As a rule, also, the lithotrite has been introduced once only at each sitting; in very exceptional circumstances only twice. Neither the evacuating catheter and syringe, nor the double-current catheter, have been ever used.

Respecting the second condition, the lithotrite has rarely been permitted to remain in the bladder for more than one minute or a minute and a half at a sitting; often only for a shorter period. In searching, near to the termination of the case, for a last fragment, two or three minutes may occasionally have been so occupied.

Respecting the third condition, I have very rarely found it necessary to use the fenestrated lithotrite more than once at the outset of a case in dealing even with a rather large stone. For subsequent sittings, and for smaller stones at the outset, the flat-bladed instrument, which is much less irritating to the bladder and pulverizes more completely, has been alone employed.

Respecting the fourth, I have removed more débris arti-

ficially than heretofore; but not by means of the lithotrite, nor by washing out in the ordinary manner—that is, by a powerful injection of six or eight ounces through a large catheter, a method to which I entertain the strongest possible objection: first, as being almost useless to remove débris; and, secondly, as being exceedingly irritating to the bladder. But I have found Mr. Clover's new instrument very useful for removing such débris in those cases where patients have been unsuccessful or unduly slow in expelling it, and also in some instances where I have thought it advisable to remove the results of the crushing at the time of the operation. By its means a flux and reflux of so small a portion of water suffices to attain the object, and the action is so much more efficient than any other mode of washing out, that I cannot but regard it as an important addition to the appliances of lithotrity. It removes large and sharp angular pieces which would otherwise have troubled the urethra considerably in the act of performing their transit. At the same time it requires care, and not a little nicety in its application; and even then I consider it rather more trying to the patient than a single application of the lithotrite. As a rule, it appears better, therefore, to use it in those cases in which the patient is placed under the influence of chloroform; and then not only is the stone crushed, but the results may be removed at once, and little or no débris is passed until after the next sitting. In cases of atonied bladder, in which no urine can be passed by the patient's efforts, it is exceedingly valuable, since in these patients the bladder is so accustomed to mechanical contact, from the daily employment of catheters to remove the urine, that the organ will bear with impunity a comparatively protracted use of the lithotrite and of the injecting apparatus afterwards. There is certainly no case for the employment of lithotrity which I regard as so free from risk as that of an elderly patient who has lost all power to empty his bladder for years, and is consequently compelled to pass a catheter several times daily.

Wimpole-street, Cavendish-square, Feb. 1866.

CLINICAL SURGICAL CASES.

BY GEORGE BUCHANAN, A.M., M.D.,
SURGEON TO THE GLASGOW ROYAL INFIRMARY.

No. V.

HERNIA.

CASES of hernia are so frequently dissimilar in the attendant circumstances that reports of unusual forms and results become valuable as guides to the practical surgeon. In the first example here described the condition of the parts was very plain after the sac was opened, although sufficiently obscure on external examination.

CASE 1. *Strangulated congenital hernia in a man aged seventy-two; operation; cure.*—On the 13th of November I was requested by Mr. A. McFarlane, surgeon, to visit with him a person suffering from symptoms of strangulated hernia. The patient, John J——, aged seventy-two, stated that as long as he could remember the right side of the scrotum was larger than the left, the swelling being, as he believed, an enlargement of the testicle, which gave him no annoyance. About four years ago the scrotal tumour became larger, and a small swelling appeared in the right groin, which he could partially reduce in size by gentle pressure, and on which he wore a bandage of his own contrivance.

On the day previous to my visit he had experienced unusual pain in the scrotal tumour, accompanied by sickness and tendency to vomit, and at three P.M. sent for Mr. McFarlane, who at once detected the little inguinal protrusion, but had considerable doubt as to the nature of the scrotal tumour. Attempts to reduce the hernia were ineffectual. An enema of tepid water was ordered, and a dose of castor oil administered. At ten P.M. no relief had been obtained, but the castor oil had been vomited, and great irritation of stomach had followed. A second attempt was made by Mr. McFarlane to reduce the hernia, but without effect. As there was now considerable pain in the tumour, fomentations were applied to the lower part of the abdomen, to be continued all night. Next morning the parts were in a similar state; vomiting had continued at intervals during the night, and had now become stercoraceous. I was then sent for by Mr. McFarlane. On my arrival, at half-past twelve on the 13th, I found the patient complaining of pain in the tumour, cold, weak, and restless, but the pulse still fair. On examining the scrotum, I found a very remarkable condition of parts. A tumour of the size of a small orange occupied the right side of the scrotum. It had much the consistence of an enlarged testicle, and it seemed to involve that organ, which could not be detected apart from the tumour. A smaller, softer tumour extended between the former and the inguinal canal, which it partly occupied. This was clearly an inguinal hernia, and could be reduced in size by pressure; but no manipulation had any effect on the harder tumour below. The taxis, however, did not cause the upper hernia to disappear: it seemed attached to the lower by its extremity. It was obvious that the symptoms of strangulation were not dependent on the condition of the little inguinal hernia; still, as they were quite well marked, and the lower tumour had some appearance of a hernia, perhaps with a stricture in the sac, I determined to cut down and relieve the strangulation, wherever that might be.

The patient being placed under the influence of chloroform, I cut down towards the upper tumour in the ordinary way, and soon opened a peritoneal sac containing a fold of healthy bowel, which lay loose and unstrangulated, but was fixed by its lower extremity to the other tumour. As I expected, the bowel passed through a narrow neck into a lower sac, and as the stricture was clearly in this narrow neck, I passed a probe-pointed bistoury down into the lower sac, and freely divided the constriction. The bowel contained in this pouch was small in size but highly congested, of a purple colour, and thickened by continued pressure and handling; but it was easily dislodged, although there were some recent adhesions. On turning it out of the sac, I found that it had been lying *in contact* with the body of the testicle; in fact, that the lower sac was an enclosed tunica vaginalis. The case was therefore a good example of congenital hernia, which evidently, from the man's statement, had been long irreducible, but had only become strangulated the day previous to operation. No untoward symptom arose, and the patient made a rapid recovery.

CASE 2. *Inguinal hernia; removal of a piece of omentum; cure.*—Some time ago a patient was brought into my ward in the infirmary suffering from symptoms of strangulated hernia. He was an Italian, employed in taking about for sale a tray of plaster figures, which he carried on his head. He was subject to reducible hernia, for which he wore a truss; but on the day before admission the hernia came down and could not be returned, and, as he had to carry his tray a considerable distance before he reached his shop, the tumour became hard, swollen, and very painful. Some attempts were made by a surgeon to reduce the hernia, but without avail. The day following he was brought to the hospital.

On admission the scrotal tumour was very tense and painful, and the pain extended up into the abdomen. There was frequent vomiting of stercoraceous matter, and the face was pinched and anxious. Extremities very cold and pulse feeble. I at once put the patient under the influence of chloroform, and, after a very slight manipulation, determined to cut down to relieve the stricture, actuated by a consideration of the urgency of the symptoms. The operation was easy enough, and the sac was opened without difficulty. Its contents proved to be a very small knuckle of highly congested intestine, and a large portion of omentum of a very dark colour. I divided the stricture, and easily reduced the protrusion of bowel, but was somewhat doubtful as to the proper management of the omentum. It had every appearance of being dead; felt soft and flabby, and on being scratched or pierced, did not bleed. I pulled upon it a little, and drew out a piece of healthy omentum from the abdomen, and the contrast was so striking that I had little doubt a part of the protruded tissue would slough if left as it was. I decided that the safer course was to remove it. I therefore applied a ligature very tightly round the protruded omentum, just beyond the line of demarcation of the healthy tissue, cut off the diseased portion close to the external ring, kept the cut stump in the wound by fixing the ligature outside, and sewed up the wound in the ordinary way.

Nothing untoward occurred. Vomiting immediately ceased, and the patient became most comfortable. Slight suppuration took place in the wound, and in a few days the ligature came away, leaving the little stump adhering in the inguinal canal. Cicatrization rapidly ensued, and the inguinal canal remained plugged up with the stump of the omentum, so that the operation, besides saving the patient's life, had the effect of producing a radical cure of the hernia.

Suppurating sacs.

CASE 3.—A woman suffering from great abdominal pain, accompanied with vomiting and great prostration, was brought to the hospital for treatment after being ill two days. A tense round tumour, of the size of a walnut, was situated close to the inner end of Poupart's ligament, which was the seat of considerable pain. She stated that the swelling had existed for a long time, varied in size according to posture, and could be diminished by pressure, but that it had never been so tense and painful as it then was. The vomiting being obstinate, and pain now affecting the abdomen, I determined to operate on what seemed a femoral hernia.

On cutting through the layers of tissue necessary to open the tumour, about an ounce of pus escaped, but no bowel or omentum was present. A very small neck formed a communication with the abdomen; but, as there were no contents in the sac, it was unnecessary to enlarge this. The pus was thoroughly evacuated, the sac washed out with tepid water, a water dressing applied, and patient sent to bed.

The symptoms at once abated; vomiting ceased, and the patient made a rapid recovery.

CASE 4.—On the 17th of November, a woman, aged fifty, was brought to the hospital with strangulated femoral hernia. I have rarely seen a femoral hernia thrown so far up on the abdomen over Poupart's ligament. It was hard and nodulated, and there was very little resonance on percussion. All the symptoms of strangulation were present.

When the sac was opened, the protrusion was found to consist of a very small knuckle of dark-coloured intestine, and a large piece of omentum, which was very tightly grasped by the femoral ring. On dividing the stricture I reduced the contents without difficulty.

Next day the symptoms had passed off, and the bowels were naturally opened.

In a few days the wound healed, but soon afterwards a hard tumour appeared on the wall of the abdomen, similar to the hernia for which she was admitted. Two days later the tumour got softer, and some symptoms of strangulation recurred. I opened up the wound and gave exit to a quantity of healthy pus. Relief to all the symptoms was at once experienced. The wound was kept open and poulticed, and soon the swelling on the abdominal wall began to diminish. Granulations sprang up in the interior of the abscess, which soon contracted, and ultimately the parts about Poupart's ligament became so much matted together that the hernial opening became completely obliterated, and a radical cure of the hernia was the fortunate result.

ON A NEW FORM OF LEG-SUSPENDER AND BED-GUARD.

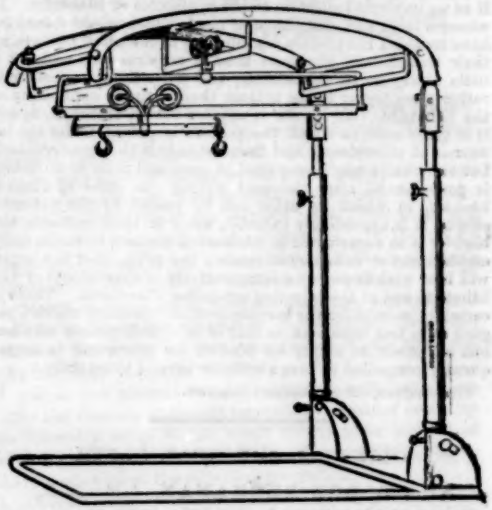
BY HENRY GREENWAY, M.R.C.S.

THE tediousness of lying in one position during several weeks has frequently been complained of by patients suffering from fractures of the lower extremity. On various occasions attempts have been made to remedy this discomfort, but in each instance the relief has been but partial. I am not aware with whom the idea of suspending fractured limbs first originated, but I believe it has been ascribed to Mr. Luke.

In 1850, whilst at King's College Hospital, I devised a jointed cradle for the purpose of slinging a fracture apparatus I then invented (since modified), but as it did not possess any important advantages over cradles already in use, and as my aim on that occasion was to produce an instrument whereby certain severe fractures of the leg could be successfully treated, its description was not included in the published account of the fracture apparatus. About the same time Mr. Salter brought out his "leg-sling." By this contrivance a patient not only enjoys the swinging motion of the limb, but is enabled to draw himself up or down in the bed. In this lay the chief novelty of the invention. Although this longitudinal movement was a great gain, and proved a boon to the patient, yet, on consideration, it will be seen that, comparatively speaking, it is seldom brought into play,—I should judge not much oftener than a half-dozen times in a day. The advantages of this appliance are of a limited nature.

In August, 1864, I left instructions at Weiss's for an instrument to be made, whereby I hoped to gain every movement that could be desired. These instructions were carried out, but my success was only partial. I have since made a number of experiments in order to attain the desired end, and I am happy in now being able to bring before the profession an invention whereby a patient is enabled to move his injured limb about the bed with nearly the same freedom as he would his sound one.

The accompanying engraving will give some idea of the nature of the apparatus. In general terms it may be described as consisting of a base or foot, two telescope pillars, and an overhanging top, to which is attached travelling gear, affording longitudinal, transverse, rotatory, and swinging movements. Also a contrivance attached to the base, whereby the pillars are supported, and any tendency to inclination corrected.



The *base*, which is placed on the battens of a bed, underneath the mattress, is a stiff iron frame, nearly square in form, at the outer angles of which are fixed *quadrant-shaped plates*. Attached to these are two *pillar stumps*, their lower, flattened ends being hinged to the plates, and their upper or free ends rounded so as to fit into the lower part of the tubular pillars. These stumps and plates not only support the pillars and parts above, but by means of screws, have the power of correcting any inclination—an occurrence which would happen if the battens of the bed, on which the base lay, dipped in the middle. (Only a very small, intermediate portion of the stumps can be seen in the sketch.) The *telescope pillars* are partly tubular and partly solid. Each tubular portion, at its lower end, fits on to the upper part of the pillar stump; the solid portion of each pillar is attached to the upper framework by a joint which is fixed with a pin when the apparatus is in use. (This joint is placed for the purpose of portability, as by it the pillars can be folded underneath the top.) With the telescope arrangement the height of the apparatus can be regulated at pleasure, by means of a check-pin at the upper end of the tube. The *top*, which is supported by the pillars on its outer side only, is an iron framework of about the same dimensions as the base (nearly two feet square), which it overhangs. Attached to this framework is the *travelling-gear*, by which the various motions are obtained. The first portion of this gear consists of three flat bars placed longitudinally, and fastened to the top by their turned-up ends. The middle one of the three is the longitudinal truck-rail; the other two are bearing-bars. On the truck-rail are placed the trucks which allow the patient to move upwards or downwards in the bed. Passing through the holder of these trucks, underneath the rail, is an arm, the ends of which are turned downwards to support the transverse truck-rail. The ends of the horizontal portion of the arm rest on the bearing-bars, and consequently glide over them when the before-mentioned trucks are in motion. On the transverse rail run a pair of trucks similar to those above; these allow the limb to be moved sideways. Attached to the holder of these trucks, underneath their rail, is the rotary bar. This works on a pivot, and enables the patient to direct his limb across the bed diagonally. On this bar are placed two hooks, from which suspension of the limb is made, and a swinging move-

ment obtained. In the event of the limb not being properly balanced when the hooks are placed at the ends of the bar, the hook on the depressed end should be moved to the notch nearer the centre of the bar, as shown in the sketch. The equilibrium will be thus obtained, as in a steel-yard.

The mode of connecting the limb with the suspender may be left pretty much to the choice of the surgeon. If the fracture be treated with the ordinary side-splints, or the starched bandage, then the limb had better be laid on a slightly curved back-piece, (supplied with the suspender,) and slung with straps from the hooks before-mentioned. Where the limb is treated with a back-splint, as M'Intyre's, or lies in a fracture apparatus having a back piece, the connexion can be made by the aid of straps without the addition of another back piece.

I was once asked by a medical man whether I could devise a method by which a patient with a fractured leg could turn over on his side? A very slight addition to this apparatus would enable such patient to accomplish that feat; but as the act of turning would necessitate muscular exertion, and thus displace the fragments, I have not thought it necessary or prudent to carry out the idea.

In the application of this apparatus, the base should be placed *underneath* the mattress in the required position for the limb, and tied on its outer side to the frame or battens of the bed. If possible, this should be done before the patient is placed on the bed. The fracture having been attended to, the remaining portions of the apparatus are placed in position by dropping the pillars on to the stumps which appear at the edge of the mattress. Connexion can then be made between the limb and the suspender, and any inclination of the top from the horizontal position can be rectified in the manner before stated.

At what height the limb should be raised above the surface of the bed, is a question on which difference of opinion exists. As a rule, the patient is most at ease when the limb is only slung sufficiently high to clear the bedclothes underneath.

The advantages embodied in this instrument are (in addition to the longitudinal and swinging movements): a transverse motion, the most frequently required; a rotatory motion, which could only be imperfectly obtained in an ordinary two-sided "cradle"; and, the form of the instrument being unilateral, the sound limb is not thrown aside from its fellow by any intervening framework, thus preventing distress in the hip-joint. This peculiarity of form also enables the surgeon or the nurse to dress any wounds, supposing the fracture to be compound, without removing the suspender from the bed.*

Many modifications of this instrument might be suggested. I have one now in use, with a single telescope pillar reaching to the floor, and fastened to the frame of the bed with a screw-clamp; but I consider the present form most to be depended on for stability.

The chief difficulties I had to contend with in the construction were, to gain free longitudinal movement when the line of suspension was out of the centre—that is to say, when the lower trucks were at one end of the transverse rail (as seen in the sketch); also, as to the mode by which attachment to the bedstead should be made. These have both been overcome. If, however, by any accident, the upper trucks drag when the lower trucks are in the position just named, they will right themselves by the patient merely bringing his leg underneath the centre of the transverse rail before he raises or lowers himself in the bed; but if the travelling-gear be made and put together properly, no dragging will take place *whilst the leg or any weight is suspended*, as the upper trucks are thereby prevented rising off their rail. A little oil should be occasionally smeared over the parts subject to friction.

I have instructed the Messrs. Weiss on certain points of detail, apparently unimportant, but on the carrying out of which the proper working of the instrument depends.

I have also desired them to make a simple and inexpensive unilateral framework, without travelling-gear, for relieving any part of the body from the pressure of bedclothes. I have termed this a *bed-guard*. The apparatus just described can be used for this purpose by merely removing the travelling-gear.

Plymouth, Feb. 1866.

* In the event of *both* legs being fractured, I would propose the use of a bilateral framework, made sufficiently wide to extend across an ordinary hospital-bed, thereby enclosing both limbs; the legs to be suspended by straps from travelling-gear of the nature above described, each leg to have its own truck on the transverse rail, with a rotary bar beneath. This contrivance would possess *nearly* all the advantages of the "unilateral leg-suspender," and be suitable for one or both limbs. I have furnished the Messrs. Weiss with a drawing of this apparatus.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

HOSPITAL FOR SICK CHILDREN.

THE SEQUEL IN SOME CASES OF EXCISION AND AMPUTATION.

(Under the care of Mr. T. HOLMES.)

IT is an important and interesting question, Mr. Holmes justly remarks, whether the "cures" which are obtained by operation in chronic diseases are or are not permanent. If such operations relieve the patient from present suffering, and restore him to the ordinary duties of life, they might often be advisable, even though they expose him to considerable immediate danger, and leave him in a situation from which a relapse is very probable. But if, on the contrary, such relapse is rare, the indications for the operation are strengthened, and the more so the more rare the relapse may be. Unfortunately this is a matter on which it is very difficult to collect statistics, though it appears one on which statistics might be useful. Hospital patients soon disappear from view, and it is often impossible to trace them afterwards; and in the case of children, if they are quite well, the parents will frequently not take the trouble of sending them to see the surgeon when he writes to inquire about them, nor perhaps are they able to answer his letter. From these causes a good many of the cases on which Mr. Holmes has operated with apparent success at the Hospital for Sick Children have passed out of view. As some contribution, however, towards an answer to the important question stated above, Mr. Holmes has kindly supplied us with short notes of the condition of fifteen patients who have undergone operations with apparent success for diseases chiefly of the nature which is generally designated as "strumous" during the period in which he has been attached to the hospital, now nearly five years. Six other children, some of whom he has good reason to believe are alive and well, were written to, but he has not heard from any of them. So it appears that out of about twenty such cases, none are known to have died; that out of fifteen of whom certain accounts have been received, one (No. 7) is suffering from spinal disease, but with prospect of recovery; one (No. 1) may very probably have a recurrence of the local disease, after more than four years of complete immunity, and a good use of the limb; and a third (No. 14) has had suppuration near the seat of the operation, but most likely not from recurrence of the disease. The others all remain in good general health, and with favourable local conditions, though perhaps the last on the list from the Hospital for Children (No. 15) can hardly be said as yet to have recovered completely.

This evidence, as far as it goes, is very encouraging as respects the ultimate issue of operations for strumous disease in childhood. If it is true that there are very few of such patients as are operated on for "strumous" (i. e., chronic) disease of bones and joints who do not remain in a good state of general health for many years after the operation, and if, further, the great majority remain free from any return of the local malady, this would furnish the strongest possible motive for recommending such operations in every case where a joint is hopelessly disorganized, or a bone deeply and extensively affected; but unfortunately little attention has been given to the question, and no adequate information has been collected.

In another point of view this series of cases is interesting, as showing how extremely useful are the limbs which are obtained by excision of all the large joints. The great superiority of the leg after excision of the knee (even in a case where the shortening was considerable and increased with the patient's growth) to the condition of a patient after amputation (even

when he can afford an apparatus very much better than that usually furnished to a hospital patient) is well shown by a comparison of the cases No. 2 and No. 4. No. 3 is a good instance of the extreme usefulness of the foot after the total removal of the calcaneum; while the case No. 16, appended from the practice of St. George's Hospital, shows that a moderately useful foot may be preserved by this measure, even in a very unfavourable case. This remark, Mr. Holmes observes, is all the better worth making, since there are still surgeons who deny the utility of this operation, and who sacrifice a foot which, by more "conservative" measures, might be preserved, and restored to a state little inferior to one of perfect health. The same remark applies to the removal of the astragalus (as in No. 8), an operation which is occasionally practicable, in children at least, and which will preclude the extension of disease to the ankle-joint and tarsus, and thus obviate the loss of the limb.

1. J. N——; present age, fourteen. Excision of left elbow in April, 1861, for strumous disease which had lasted since he was a year old. There was also disease of the metacarpal bones of the same hand, and he was greatly emaciated.

He recovered, and with very good use of the arm, flexion and extension being nearly as great as in the natural condition; but the disease of the metacarpal bones never entirely disappeared, though it improved under medical treatment and repeated gougings.

When last seen (in the summer of 1865), an abscess had formed about the situation of the excised joint, and it looked very much as though there were renewed disease of the bones, though this was not proved by the probe. He was then going down to the sea-side, and has not since been heard of. The latter fact renders it probable that the abscess has not had such serious results as were at first apprehended; since he has been in the constant habit of occasionally visiting Mr. Holmes ever since the operation, and would therefore in all probability have presented himself if seriously ill.

2. A. P——; present age, eighteen. Excision of knee August 9th, 1861. The disease had been extensive; the bones of the leg were dislocated and firmly fixed in the ham. It was necessary to remove successive slices, in order to get the limb into position. It was noted at the time of the operation that "the shaft was cut into behind, but part of the epiphysis was left in front." The shortening measured about two inches immediately after his recovery. At the end of the year 1862 it measured fully three inches. When seen towards the latter end of 1864 it was nearly four inches. It has now increased to four inches and a half; the limb measuring from the anterior superior spine of the ilium to the tip of the external malleolus only twenty-nine inches and a half, against thirty-four on the opposite side. But this shortening is hardly felt as an inconvenience: the lad is in active employment, and can walk any distance. He has not tested his powers, but has no doubt he could walk ten miles; and he was noticed in the street walking more rapidly than most of the passengers. As contrasted with Case 4, the superiority of the limb after resection, even with great shortening, to that after amputation, is well marked. The bones are firmly anchylosed, and the part is quite free from pain or tenderness.

3. D. S——; present age, nine years. Excision of the os calcis, Nov. 1861. The whole of the os calcis, including its posterior epiphysis, was carefully dissected out, the tendo-Achillis having been divided in the first incision, and its attachment completely taken away.

He has remained in perfect health, and the foot has been increasing in usefulness ever since. The use of the foot is now so perfect, that when last seen (Jan. 30th, 1866) he could walk without any perceptible limp. That this is so was proved by this conclusive test: on asking an experienced observer who was in the room which foot had been operated on, he named the wrong one. The child can hop on the foot, from which the os calcis has been removed, down the whole length of a good-sized room, and can point the toes to a considerable extent. He can run, dance, &c., as well as any other boy.

4. F. T——; present age, seventeen years. Amputation of thigh after unsuccessful excision of knee, Feb. 1st, 1862. Seen again Jan. 24th, 1866. He is in good general health, and works in a carpenter's shop. The stump is in good condition, and very serviceable. He has a well-made and good-looking artificial limb, with which he can walk two miles without fatigue, and probably could do a good deal more, but that his occupation does not require it.

5. L. N——; present age, eight years. Syme's amputation at the ankle, March 1st, 1862. It is noted at the time of operation that the disease was accompanied by "great impairment of health."

Jan. 1866.—The father reports of her thus: "I am glad to say she is pretty well, considering her other foot has been as bad as that you amputated. This foot is now nearly well. She can run about almost as well as any other child," wearing "an apparatus that her leg fits into, or rather a socket that comes up to her knee, and is made the proper height by a piece of wood at the bottom."

6. J. P——; present age, eleven. Excision of elbow, December, 1862.* Last seen Jan. 24th, 1866. He remains in good health, but has had a cough and suffered from loss of appetite during the last two months. The elbow remains soundly healed, and the arm is useful. It is the right arm. The measurements of the two are as follows:—

	Operated Limb.	Sound Limb.
From top of acromion to bend of elbow ...	8	9
From bend of elbow to styloid process of ulna	6¼	7¼
Circumference of arm round insertion of deltoid	6	7
Circumference round bend of elbow... ...	6¼	7

Thus it is seen that the arm is (though the right) much shorter and feebler than the other; but the hand moves freely in flexion and extension through an angle of about 25°, so as to be brought about half-straight. Thus he can put it to his mouth, or touch any part of his body. Pronation and supination seem to be effected by rotating the humerus. The bones of the forearm seem locked in by processes descending from the humerus, of which the inner is especially distinct.

7. W. T——; present age, twelve. Syme's amputation of the foot for disease of os calcis and astragalus, December, 1862. He came again to the hospital in the early part of 1864, with caries of the spine and paraplegia, from which he is now (Jan. 1866) slowly recovering, as he has regained the power of moving his limbs, and can even walk a short distance alone. There are diseased glands in the neck. His general health is good. There is angular curvature in the dorsal region. He seems likely to recover, with hump-back. The stump is very useful in locomotion.

8. R. T——; present age, thirteen. Excision of the entire astragalus and scaphoid bones, March, 1863. (See "Transactions of the Pathological Society," vol. xiv., p. 229.) The foot is now perfectly useful; the scar not so large as might be expected. Obscure motion exists between the anterior part of the foot and the bones of the leg. Very slight shortening of the limb, about half an inch. Limps very slightly. The foot is a little smaller than the other. Her general health is very good.

9. A. B——; present age, twelve. Excision of elbow, March, 1863. He remains perfectly well in general health, but the joint is said at present to be stiff. The boy is not in London, and this rests on his parents' statements.

10. E. F——; present age, eleven. Amputation of thigh, Nov. 1863, for strumous disease of the knee. Jan. 27th, 1866: She is in perfect health, with a very good stump; the scar is quite behind the bone, and the parts perfectly movable on the latter. This child has never yet worn a wooden leg, in consequence of a slight misconception on the part of her parents. When discharged from the hospital there was a small piece still left to separate from the end of the femur, which prevented the use of an artificial limb. This has long since come away; but the child has not been brought to the hospital.

11. J. R——; present age, eleven. Excision of a congenital tumour of the neck, of great extent, Dec. 9th, 1863. The case is reported in the Path. Soc. Trans., vol. xv., p. 215. The child was last seen on Jan 24th, 1866. He remains in perfect health, with no return of the tumour. The motions of the neck are perfect. The sterno-mastoid of the affected side, which was partially divided, seems smaller than on the sound side, but no difference can be detected in their actions. The scar is drawn much above the position of the wound made in the operation, so that now it hardly extends more than halfway down the neck, while the incision at the time of the operation reached nearly to the clavicle. It is quite smooth, and the occipital part of it is destitute of hair.

12. F. P——; present age, seven. Amputation of thigh, Feb. 3rd, 1864, for chronic disease of the femur, with disorganization of the knee-joint. A sinus ran through the lower

* It is remarked in the notes of this case: "The boy is fair-haired, pale-faced, with long eyelashes, and general strumous aspect."

end of the femur, opening into the knee-joint at one end, and the popliteal space of the femur at the other. (See Path. Soc. Trans., vol. xv., p. 190.)

The child is now in perfect health.

13. A. E——; present age, eleven. Excision of the left knee for "strumous disease," Sept. 1864. Present condition, as noted Jan. 31st, 1866: The limb is quite useful, and he can walk well. There is a little motion between the tibia and femur. The shortening is an inch and a half, as ascertained by measurements from the crest of the ilium to the outer malleolus, which give twenty inches and a half on the operated limb, and twenty-two inches on the sound side. The circumference of the knee is nine inches and a half on the side operated on, and nine inches and three-quarters on the sound side. Measurement round the calf gives eight inches and a half on the side operated on, and nine inches and a quarter on the sound side, at the same level.

14. M. A. H——; present age, twelve. Excision of hip June 2nd, 1864. The limb has been very useful since, and she remains in perfectly good general health. Recently (Dec. 1865) an abscess of considerable size formed in the neighbourhood of the resected hip, but healed rapidly after being opened; justifying the hope that there is no recurrence of disease in the parts. She walks perfectly well, with a shortening of about an inch and a half.

15. J. T——; present age, twelve. Excision of hip (including most of the floor of the acetabulum) in June, 1864.

He is in good health, with a useful limb; in which, however, one sinus still remains open, but not leading to any bone. The shortening is about an inch and three-quarters, as measured from the anterior superior spine of the ilium to the internal malleolus on the two sides. He can execute any movement of the limb to a certain extent. Thus he can flex and extend it very freely; can abduct it till the patellæ are six inches asunder as he stands on the sound leg; and can draw it over the opposite limb. He can walk a considerable distance without pain, using a high-soled boot.

16. As a companion to case No. 3, the following case of recovery after excision of the calcaneum is appended, as showing a less perfectly successful result of the operation:—

Amy C——, present age ten, was operated on at St. George's Hospital in 1863. The os calcis was entirely removed, after a previous attempt had been made to preserve it, by gouging. The limb was much diseased, and after the operation the child's restlessness prevented the foot being kept in the proper position; hence on her recovery there was a slight amount of talipes equinus, and the foot was also drawn inwards, causing a projection of the external malleolus.

She was last seen in February, 1866, when the following notes were taken:—The limb operated upon is both smaller and shorter than the other. The shortening is two inches, one inch of which is due to atrophy of the tibia, the result, no doubt, of disease preceding the operation. The foot is drawn somewhat upwards and inwards. The external malleolus is very prominent, and the foot not very useful. She can walk with an apparatus, but cannot hop, nor stand for any length of time, on that foot. The leg is also colder than the other.

ST. BARTHOLOMEW'S HOSPITAL.

IODOFORM; ITS USE IN SOME CASES OF CANCER OF THE UTERUS.

(Under the care of Dr. GREENHALGH.)

DURING a recent visit to the obstetric wards of this hospital, we observed some patients affected with epithelioma of the cervix uteri who were being treated with iodoform. Dr. Greenhalgh informed us that he owed the suggestion of this remedy to Dr. Eastlake, and that he had already employed it in about forty cases. Uncertain as to the strength of the remedy, he had commenced its administration in doses of a quarter-grain; but he had found that a much larger quantity could be taken certainly with impunity, and, he thought, with advantage. Latterly he has been giving from three to five grains, made up with bread in a pill, two or three times daily. The cases most suitable for its employment are those where pain is a prominent symptom, and where there is a deposit. In cancer he had reason to think that not only was the pain much mitigated by its use, but the progress of the disease was actually checked. In a case of rheumatic gout, with large deposits about the knuckles, its effects had been very marked. Pain had been subdued, and the deposits in the joints had gradually disappeared. Iodoform, we learn, is also useful as a deodorant. In cancer of the cervix, where there is a very fetid discharge, it is employed with advantage as a pessary in the proportion of one grain to a scruple of cocoa-butter. A larger quantity than this is apt to be irritating; but used in this strength, the material has a remarkable effect in conquering the terrible fetor which is so distressing in this disease. Iodoform is unhappily not a pleasant substance. It possesses a powerful odour of peculiar kind, which some one described by the term "concentrated seaside." Notwithstanding this disadvantage, the patients did not complain of any unpleasant effects. In only one case did it produce sickness, and that speedily subsided. Iodoform was discovered, Dr. Eastlake tells us, by Scrullus in 1824, and is produced by the action of iodine and alkalies or alkaline carbonates on wood spirit, alcohol or ether. It will be seen that Mr. Nunn's experience of its internal use in cancer is not so favourable as that of Dr. Greenhalgh. It is evident, indeed, that we require a very much more extensive trial of the drug before we shall be entitled to form any strong opinion as to its merits. But the facts already noted are at least interesting, and suggest further observation.

MIDDLESEX HOSPITAL.

IODOFORM; ITS USE IN SOME CASES OF CANCER, SYPHILIS, AND NEURALGIA.

(Under the care of Mr. NUNN.)

AT the suggestion of Dr. Eastlake and Dr. Greenhalgh, Mr. Nunn has administered iodoform in a series of cases as a sedative in cancer. In the majority of the cases, the patient had become accustomed to the use of morphia; in estimating therefore the advantage of the drug, that fact has to be borne in mind. Mr. Nunn states his belief to be that, as a sedative, when given internally, iodoform is very uncertain, if not powerless; applied externally, it alleviates pain. He has found, however, in obstinate syphilitic ulcerations, reason to hope that iodoform may prove a valuable remedy. The usual dose was one grain in a pill; in one or two cases five grains were given, without better result as regards relief of pain, and with the disadvantage of producing nausea and sickness. The following are brief notes of the cases in which the drug was used.

1. M——, aged fifty. Pelvic cancer. July 28th, 1865. One grain of iodoform three times a day. Some degree of relief from pain.

2. W——, aged sixty-one. Uterine cancer. July 28th. Two grains of iodoform three times a day. No effect.

3. G——, aged forty-six. Uterine cancer. July 28th. One grain of iodoform three times a day. Some relief.

4. H——, aged forty. Pelvic cancer. July 28th. One grain of iodoform three times a day. No relief.

5. G——, aged forty-two. Uterine cancer; perforation of the bladder. July 28th. Two grains of iodoform three times a day. No result.

6. S——, aged thirty-four. Uterine cancer; perforation of the bladder. July 28th. One grain of iodoform three times a day. Decidedly less pain; feels sleepy.

7. W——, aged fifty-five. Uterine cancer. July 28th. Two grains of iodoform three times a day. Easier. This patient was taking no morphia at the time.

8. H. P——, aged sixty-one. Epithelial cancer of lip. Has elsewhere undergone operations for its removal. Aug. 1st, 1865. One grain of iodoform three times a day. Takes no morphia. No relief from pain afforded by the iodoform.

9. M. G——, aged fifty-six. Cancer of the right cheek of six months' duration, with enlarged submaxillary lymphatic glands. One scruple of iodoform to an ounce of spermaceti ointment applied externally afforded relief from pain. The progress of the disease was excessively rapid; and hæmorrhages carried off this patient after a few weeks.

10. R. D——, aged fifty-nine. Facial neuralgia of four years' duration. Has undergone treatment elsewhere by morphia injections, &c. Aug. 1st, 1865. One grain of iodoform three times a day.

Aug. 3rd.—The patient thinks the iodoform relieves the pain, and that it causes sleep.

4th.—Did not sleep last night; but still thinks the pain less.

15th.—Suffers as much pain as he ever did; no alleviation derived from the pill.

11. D. W——, aged forty-four. Ulceration of the tongue. "The greater part of the dorsum of the tongue and beyond the edges presents an uneven ulcerated surface, with irregular borders." Admitted Sept. 24th, 1865. The disease reported to be of three years' standing. Inflammatory action had extended to the muscular structures, thereby impeding the movements of the organ; saliva poured from the mouth; great pain was constant, and the lymphatics below the jaw were enlarged and tender. The patient was extremely attenuated by suffering and inability to take food. Iodide of potassium, iodide of sodium with chlorate of potash, and morphia, were given till the 20th of October, with but little benefit. Enemas of beef-tea twice daily for a few days. Iodide of potassium applied externally, in solution and in ointment, to the upper half of the trunk, so as to obtain absorption of that remedy by the surface, without the risk of irritation of the stomach; fumigations of the bisulphuret of mercury,—all failed to induce healing.

Nov. 10th.—One grain of iodoform in a pill three times a day; the external application of the iodide of potassium being persevered with, but the fumigations discontinued.

17th.—"Has taken the iodoform during one week. The pain is distinctly diminishing, and the appearance of the granulations is improving."

Dec. 14th.—Discharged convalescent, the ulceration having assumed a healthy look, and the pain being nearly gone.

During the patient's treatment wine, brandy, bottled stout, cod-liver oil, and nutritious food were liberally supplied. No history of syphilis could be obtained from the patient, but the coincidence of atonic ulcers about the pharynx and palatal mucous membrane admitted no doubt as to the syphilitic character of the affection.

12. S——, aged forty (*circa*). Has been under Mr. Nunn's observation at periods during the past six years as an out-patient. His palate and gums and nasal mucous membrane, in part, have been travelled over by a not very painful serpeginous ulceration. No teeth remain in the upper jaw.

Dec. 14th.—Iodoform, one grain, in pill twice a day, was ordered, with more successful result than any previously tried remedy.

13. H. V——, in-patient under Mr. Nunn's charge in 1864, with necrosis of the superior maxilla; syphilitic infection fifteen years previously. Applied Dec. 28th, 1865, with gummy tumour over the right tibia, his mouth being quite comfortable. Iodoform, one grain, in pill twice a day.

Feb. 1st, 1866.—Has continued the iodoform with good effect, the pain, which was before severe, having subsided. Still under treatment.

14. F. B——, aged forty (*circa*), had obstinate syphilitic ulceration on the left side of his tongue. He applied to Mr. Nunn at the out-patient cancer department of the hospital, having been during eighteen months a patient at a special cancer hospital. The disease was unmistakably syphilitic, but it nevertheless resisted ordinary treatment.

In December, iodoform, one grain three times daily, was given with marked good effect.

Reviews and Notices of Books.

On the Pathology and Treatment of Venereal Diseases, including the Results of Recent Investigations on the Subject. By FREEMAN J. BUMSTEAD, M.D., Lecturer on Venereal Diseases at the College of Physicians and Surgeons, New York, &c. A New and Revised Edition, with Illustrations. pp. 640. Philadelphia: Blanchard and Lea. 1864.

A Treatise on Gonorrhœa and Syphilis. By SILAS DURKEE, M.D., Consulting Surgeon to the Boston City Hospital, &c. Second Edition, Revised and Enlarged, with 8 Coloured Illustrations. pp. 467. Philadelphia: Lindsay and Blakiston. 1864.

Lectures on Venereal Diseases. By WM. A. HAMMOND, M.D. pp. 287. Philadelphia: J. B. Lippincott and Co. 1864.

[FIRST NOTICE.]

THESE three works do considerable credit to American medical literature. Although on the same subject, the character and plan of each of the three are so different, that Bumstead, Durkee, and Hammond may be perused successively without the reader experiencing the tediousness of uniformity.

Dr. Bumstead presents us with a second edition (1864), the first having been published in 1861. This second edition raises boldly, and more decisively than the first, the dualistic standard, the results of the two viruses being completely separated, this not being the case in the previous edition. The book is a faithful and cleverly presented mirror of the most modern theory and practice of venereal diseases. Nothing of importance that has been said, written, or done, with reference to these complaints, has escaped the author, and the work is a regular storehouse of special information. That the author deserves considerable credit for his industry is very certain. And his merits are not confined to collecting facts and opinions; his own cases, his own experience, and some excellent suggestions, are clear proofs of his thorough knowledge of the subject.

The points of contrast in the three works are interesting. That of Bumstead is a recapitulation, adorned with valuable theoretical and practical remarks, of the bulk of our knowledge in venereal diseases, including stricture of the urethra, some parts being more elaborately and extensively treated than others, without, however, an attempt at artistic illustrations. Durkee does not mention the history of the diseases, gives (and very properly) no treatise on stricture, offers a few coloured illustrations, and, content with the unicist's view of syphilitic complaints, writes fluently, kindly, and sometimes eloquently, a book on venereal affections, judiciously planned, full of original cases, sound remarks, and sufficient allusions to the labours of others. Hammond presents us with twenty lectures, vigorously written, with a dash of originality and independent bearing, whilst disclaiming any attempt at completeness; the style seems thoroughly American, and the practical advice evidently proceeds from an experienced and sensible man.

Fixing our attention now particularly on Dr. Bumstead's work, we find, in his introduction, an accurate sketch of the manner in which Ricord's doctrines have been modified, and how the dualistic theory has arisen. The author is quite modern in his views, and an enthusiastic dualist; whilst Durkee, as already stated, holds the more ancient belief of the existence of one poison only. Good men are found on either side in Europe; and our American brethren seem just as inharmonious on this subject as we are. We must not here enter into the general consideration of this matter, but it should be noted that theoretical differences on this head have but little influence on practice.

Contrary to Durkee, Dr. Bumstead allows that urethral discharges may be contracted from innocent vaginal and uterine secretions; and therein we think he is right. The chapters on Gonorrhœa and its numerous complications are very complete and practical, the references being exact and numerous. Contrary to Durkee again, Dr. Bumstead deprecates blistering in gleet. He admits gonorrhœal ophthalmia by inoculation; but has a notion that the so-called metastatic and sympathetic gonorrhœal ophthalmia is merely a manifestation of gonorrhœal rheumatism. A long list of authors are quoted on this subject, and we would add one fact which has come under our own notice—namely, that gonorrhœal matter actually *seen* to have spirted into the eye has excited simple conjunctivitis only. We have come in contact with the case. The author thinks highly of nitric acid for the destruction of vegetations; and he has reason to do so, from what he has seen in his own practice. Everyone knows, however, that the application is not quite trustworthy; nor do we think so highly of chromic acid as Dr. Bumstead. The knife and potassa fusa seem the most reliable weapons.

The author has written excellent chapters on stricture, illustrated by woodcuts after Gray, and enriched by the opinions of the most modern writers. Whether a subject so purely surgical should be treated in a book on venereal disease may

be a question. Secondary syphilis might as well be made a separate chapter in books on the Practice of Physic. In the one hundred pages devoted to Stricture, the writings of Mr. Henry Thompson, Mr. Thomas Wakley, Mr. Henry Smith, and Mr. Syme are largely quoted. The first author has, indeed, furnished a goodly number of pages, Dr. Bumstead mostly agreeing with Mr. Thompson's views. Mr. Syme, however, is not gently dealt with, an attempt being made to show that perineal section, so often performed and so warmly advocated by the Edinburgh professor, is far from being his own. On this head we would just quote Dr. Bumstead's assertions. "..... Perineal section upon a guide has been called Syme's operation. ..... While acknowledging the credit due to Mr. Syme for having carefully studied the various steps of this operation, and for the introduction of certain improvements in the manner of its performance, it is yet difficult to explain on what grounds this innovation in name has been made; for, should Civiale's statement be called in question, that a staff was employed by Tolet two centuries ago, it is certain that one was frequently used by many operators, both abroad and in this country, long before Mr. Syme's essay; and, waiving the question of priority, the difference in the two methods (with or without the staff) is not sufficient to warrant the proposed distinction, which will be ignored in the present volume as it has been by many other writers." (See Verneuil: *Arch. Gén. de Méd.*, Sept., 1857.) Perineal section was adopted in America in the early part of the present century, and for the last forty or fifty years has been the favourite mode of treatment for advanced cases of stricture which could not be benefited by any other means. Dr. H. G. Jameson, surgeon to the Baltimore Hospital, published a valuable paper on perineal section in the *American Medical Recorder* for 1824 (vol. vii., p. 251), his first successful operation having been performed Dec. 2nd, 1820. Dr. Edward Hartshorne, writing in 1855, speaks of perineal section as an "operation which has long been familiar in Philadelphia." But in no place in America has there been a greater nor, it is believed, so great an opportunity for studying the performance and the results of perineal section as in New York, where this operation, for the last forty or fifty years, may be said to have been identified with the city hospital and the surgeons connected with this institution. (pp. 311 and 312.) The illustrations to this chapter on stricture are borrowed from Gray and Thompson.

The second part treats of Chancroid and its Complications. Now this is the soft chancre well known to all; and this designation is adopted by the author, either on Bassereau's theory of the chancroid having existed during all ages, or on that of Clerc, who considers the chancroid to be the offspring of the hard chancre on a syphilitic individual. Diday has adopted the term chancrella, as he thinks soft chancre bears the same relation to hard chancre as varicella does to variola. Dr. Bumstead applies the word chancre to what has been hitherto known as the hard sore. This is all very well and nicely squared; but we unfortunately find, in practice, that sores which look very much like chancroids are (though exceptionally) followed by secondary symptoms; and hard chancres have been known to leave the organism uncontaminated. Mathematical precision is very desirable when it can be attained without offending truth. The diagnostic characters of the chancroid and chancre, given at p. 347, are nevertheless excellent in their way; and here again the exception strengthens the rule. The author believes in what is called the unicity of syphilis—i. e., that an individual can contract the disease but once. From this word "unicity" confusion may arise, unless we are always careful to say unicity of virus and unicity of syphilis, which are quite different matters. It is a pity the same word is thus used for different meanings. The author, however, concedes that the influence of the syphilitic poison may, like that of the variolous or vaccine virus, wear out; and lay the organism open again to the attacks of the same morbid principle. As to secondary symptoms, Dr. Bumstead rejects Virchow and Bärensprung's classification, and says:—

"We have every reason to be satisfied with the simple and natural chronological division which forms the basis of Ricord's classification, and which owes its excellence in a great measure to the keen powers of observation of this truly eminent surgeon. The few errors which he introduced are not essential to the system, and may well be forgotten, when we recollect his important contributions to our knowledge of the natural history of syphilis."—p. 401.

The chapter on the Initial Lesion of Syphilis is very good; and here again Bumstead differs from Durkee, as the latter believes in the efficacy of destroying as early as possible the primary ulcer or abrasion, and the former has no such faith. Dr. Bumstead gives mercury for generalized syphilis, but withholds it in the treatment of chancre, except where the speedy healing of that sore is found necessary from extraneous circumstances.

We are not quite sure whether Ricord is not right in thinking that a mercurial course, if it does not prevent the evolution of secondaries, at least renders them less severe. As to the induration of the chancre, the difficulty always lay, and lies now, in the fact that women so seldom present any decidedly hard sores.

General Syphilis is very extensively treated, and the author adopts the most modern views, even that secondary contagion produces a chancre, as maintained by Langlebert and Rollet.

Excellent practical remarks are offered on the use of mercury, iodine, &c.; and the treatment of each form of affection of the skin is separately given, after the description of the cutaneous manifestation.

We were surprised not to find, in the chapter on Onychia, any mention of the peculiar discoloration and crumbling of nails which are sometimes observed in cases of syphilis.

Mucous Patches are more fully treated than in Durkee's book; and Dr. Bumstead is especially full and accurate in the chapter on the Syphilitic Affections of the Eyes, wherein the most modern means of exploring that organ are shown to have opened a new field in the diagnosis of these diseases.

It is satisfactory to observe that the author confirms, by personal observation, the frequent occurrence of deformity of the teeth connected with interstitial keratitis, first pointed out by Mr. Hutchinson; and that he does not attempt to treat syphilitic iritis without a judicious use of mercury. Nor should we pass unnoticed the valuable table on infantile iritis.

Tertiary symptoms, the syphilitic affections of the viscera and nervous system, as well as hereditary syphilis, are necessarily treated very briefly; but the references to authors who have largely contributed to the elucidation of these complaints are so full and numerous, that those who wish for ample details can readily consult original sources.

Dr. Bumstead's work will be of great assistance to all medical practitioners; and we can confidently state that the author has laboured very efficiently in the branch of medical literature to which he has, by his book, contributed in so creditable a manner.

RESIGNATION OF THE CAMBRIDGE PROFESSOR OF COMPARATIVE ANATOMY.—A meeting of the friends of Dr. Clark, who, after fifty years, has resigned the Professorship of Anatomy, was held at Christ's College Lodge, on Tuesday last, for the purpose of considering some mode of showing how much his long-continued services to the University and to science are appreciated. The meeting was well attended by influential members of the Senate, and the following resolution, proposed by the Master of Trinity College, was unanimously adopted:—"That in order to recognise the great services rendered by Dr. Clark to science and to the University, a marble bust of him be offered to the Senate, to be placed in the Museum of Comparative Anatomy, and that it be suggested to the Senate that for the future the Museum of Comparative Anatomy be called the Clarkian Museum."

THE LANCET.

LONDON: SATURDAY, FEBRUARY 24, 1866.

THE Report of the Committee appointed to inquire into the whole question of the Rank, Pay, and Position of Medical Officers of the Army and Navy is now before us. Together with the minutes of evidence and appendix of documents, it forms a volume of 213 pages. We shall content ourselves this week with stating its principal recommendations.

For the Army the Committee recommend—

1. That at all boards upon which army medical officers may be summoned as members, they should sit and take precedence according to their relative rank, and should preside, if senior in relative rank to the combatant officers, with the exception of courts-martial and courts of inquiry on military offences.

It is, however, suggested, for the consideration of the authorities, whether it is not advisable to establish regulations for referring all necessary questions to medical officers for their opinion and report, and to discontinue the system of mixed boards.

2. With the view of preventing misunderstanding as to relative rank at mess:

That invitations sent by the colonel, or officer commanding, in the name of himself and the officers of a regiment, be considered official, and that the senior combatant officer present should always preside; and

That where a second position is formally assigned on such occasions, such position should be determined by relative rank, as defined by the Queen's Regulations and Warrants; we consider, however, that no second place should be recognised.

3. That in the Monthly Army List, the names of the medical officers of each regiment be inserted above those of the other regimental staff, with a heading of "Medical Officers."

Also, that a general list of all medical officers in the army be inserted in the Monthly Army List, and that in such list the relative rank of each class of medical officers with the corresponding rank of combatant officers should be clearly stated; thus:

Inspectors-general of hospital (ranking with major-generals).

Deputy inspectors-general of hospital (ranking with colonels), &c.

And that opposite the name of each officer should be the number of his regiment or the station on which he is serving.

That medical officers be replaced in the list of the regimental staff in the classification of officers in the Queen's Regulations; and it is submitted for consideration whether the Medical Department should not be placed immediately after the lists of combatant officers in the Army List.

4. That medical officers, ranking with field officers and being allowed forage, should be ordered to provide a charger and to appear mounted on parade.

5. That increase of pay and earlier retirement be granted as defined in paragraphs Nos. 9, 10, and 11.

9. In view of the proper requirements of the service in this regard, and in order to encourage the coming forward of a larger number of the most eligible class of candidates, and thus to render the competitive examination really worthy of that name, and such as was contemplated upon its establishment, the Committee, from the information before them, and supported by the deliberate opinions of gentlemen of the highest professional attainments and experience connected with the medical schools of London, who have been examined, consider that, besides the removal of the alleged grievances of medical officers above referred to, a certain increase of pay is absolutely called for; and with this view, and after full consideration, they recommend that an increase of pay should be extended to medical officers in accordance with the annexed scale:—

SCALE OF PAY PROPOSED FOR ARMY MEDICAL OFFICERS.

RANK.	Under 5 years' service.		Above 5 years' service.		Above 10 years' service.		Above 15 years' service.		Above 20 years' service.		Above 25 years' service.		Above 30 years' service.	
	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Assistant-Surgeon.....	10 0	10 0	11 6	12 6	13 0	15 0	13 0	17 6‡	—	—	—	—	—	—
Surgeons.....	...	...	...	...	15 0	17 6†	18 0	20 0	—	—	—	—	—	—
Surgeon-Majors.....	...	...	...	...	...	...	...	...	22 0	24 0†	25 0	27 0	—	—

† Or on promotion.

‡ Provided he passes his examination.

A proposal to increase the pay of the inspectorial ranks was made, but the Committee, being divided in opinion, do not make any recommendation.*

10. The Committee also consider that the prospect of optional retirement at an earlier period than at present permitted would prove a further inducement to young medical men to enter her Majesty's service; they therefore recommend that army medical officers should be permitted to retire after twenty years' service on full pay; but at the same time, with a view to guarding the interests of her Majesty's service, they are of opinion that the rate of half pay awarded to officers so retiring should not exceed five-tenths of their full pay,* and that officers with this service should be permitted to retire on the present half pay of their rank, if, after one year on half pay, they are reported by a medical board to be permanently unfit for further service.

11. The Committee further recommend, that as a special reward to officers of long and good service, who, owing to the comparatively small numbers of the inspectorial ranks, have

* The proposal was to increase the minimum pay of deputy inspectors-general to 30s., after twenty-five years' service to 34s., and after thirty years to 38s.; of inspectors-general to 45s., and after twenty-five years' service to 50s.

* As recommended to the Committee of the House of Commons in 1856, by Sir Andrew Smith, when Medical Director-General of the Army.

not been promoted to any higher position than that of surgeon-major, such officers, of the rank of surgeon-major, as have served for twenty-five years on full pay should, on being compulsorily retired at fifty-five years of age, receive the half pay of £1 a day, but such officers retiring voluntarily under fifty-five years of age should receive only seven-tenths of their full pay.

For the Navy the Committee recommend—

1. That staff-surgeons be placed on a separate list, and considered as a distinct rank, and that promotion to that rank (although twenty years on full pay may not have been completed) should be open to officers for distinguished or special service.

2. That the whole time an assistant-surgeon serves on full pay should be allowed to qualify for the rank of staff-surgeon, provided he passes his examination for surgeon before he completes ten years' service.

3. To compensate the naval surgeon for loss of time, by his being placed on half-pay, and unable to obtain employment, the surgeons' and staff-surgeons' full pay should increase by periods of four years instead of five years as at present.

4. That naval medical officers be granted the same allowances at hospitals at home and abroad as the army medical officers, in respect to servants, fuel, furniture, or pecuniary allowances in lieu.

5. That the scale of travelling allowances, extra pay, lodging money, and compensation for losses, be fixed for naval medical officers according to relative rank.

6. With respect to the question of prize money, the Committee, owing to the present principle on which the Prize Proclamation is drawn, are unable to agree upon a special recommendation, but are inclined to the opinion that the share of medical officers should, after the officer in command of the ship, be regulated by relative rank.

7. That in regard to cabins, while the requirements of the service render it necessary that the senior executive officer and the staff commander or master should have the cabins placed most advantageously for their special duties, medical officers should after them have cabins more in accordance with their relative rank in the service, and that cabins for all assistant-surgeons should be specially ordered, to prevent future difficulties or neglect of the existing Admiralty Order.

8. That a staff surgeon, ranking with commander, be allowed a servant.

9. That a staff surgeon should be appointed to all flag ships bearing the flag of a commander-in-chief on foreign stations, with an allowance of 5s. a day in addition to his established pay.

10. That the periods of retirement by age be fixed for staff surgeon, surgeon, or assistant-surgeon at fifty-five years; inspector-general and deputy inspector-general at sixty-five years; but this regulation should only apply to new appointments.

11. That naval medical officers be considered equally eligible to honorary distinctions as army medical officers.

12. That they should have equal consideration for Greenwich Hospital pensions with other officers of the service.

13. That assistant-surgeons, after completing their time for examination for the rank of surgeon, be granted two months' leave of absence on full pay, on the condition of their resuming their studies at a medical school or hospital.

14. That in order to place staff surgeons on an equality in rank with surgeons-major in the army, they should rank with commanders by date of commission; but we are of opinion that officers in command of H.M. ships must on all occasions be considered senior in rank and precedence to all officers placed under their command, and that a ship, as a regiment, must always be represented by an executive or combatant officer, after whom all officers should take precedence according to the relative rank conferred on them by Royal Authority. See clause 10 of the Order in Council of 13th May, 1859.

15. That the pay of the naval medical officers be increased in accordance with the following scale:—

SCALE OF PAY PROPOSED FOR NAVAL MEDICAL OFFICERS.

RANK.	Under 5 years' service.		Above 5 years' service.		Above 10 years' service.		Above 14 years' service.		Above 18 years' service.		Above 22 years' service.		Above 26 years' service.		Above 30 years' service.	
	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Assistant-Surgeon..	10 0	12 6	11 6	12 6	13 0	15 0	13 0	17 6*	—	—	—	—	—	—	—	—
Surgeons	...	...	...	...	15 0	17 6†	18 0	20 0	18 0	22 0	—	—	—	—	—	—
Staff Surgeons	...	...	...	...	...	...	...	...	22 0	24 0†	25 0	27 0	25 0	27 0	—	—
Deputy Inspector-General of Hospitals and Fleets	...	...	...	...	...	...	...	...	28 0	30 0†	30 0	32 0	30 0	35 0	34 0	37 0
Inspector-General of Hospitals and Fleets.....	...	...	...	...	...	...	...	...	...	...	40 0†	45 0	45 0	47 0	45 0	50 0

* Provided he passes his examination before 10 years' service.

† Or on promotion.

16. That, as a prospect of optional retirement at an earlier period than at present permitted would prove a further inducement to young men to enter her Majesty's service, naval medical officers should be permitted to retire after twenty years' service on full pay; but at the same time, in order to guard the interests of her Majesty's service, the rate of half pay awarded to officers so retiring should not exceed five-tenths of their full pay, and that officers with this service should be permitted to retire on the half pay of their rank, if, after one year on half pay, they are found on medical survey to be permanently unfit for further service.

17. That as a special reward to officers of long and good

service, who, owing to the comparatively small numbers of the inspectorial ranks, have not been promoted to any higher position than that of staff surgeon, such officers of the rank of staff surgeon as have served for twenty-five years on full pay should, on being compulsorily retired at fifty-five years of age or retired on medical survey, receive the half pay of £1 a day.

We further recommend that competitive examination for admission of medical officers into the navy be established at Greenwich Hospital, after the plan adopted in the army, at Chelsea, and that professional instruction by a course of lectures and attendance at Haslar be given to medical officers on first entry, in some measure on the system adopted at Netley Hospital.

Some of the medical witnesses have stated that it is desirable that naval boards of survey should be made purely medical boards as they are in the army; on this question, however, the Committee are not agreed, and therefore offer no opinion.

(Signed)

ALEX. MILNE.	H. B. PHILLIMORE.
DOUGLAS GALTON.	W. O. MARKHAM.
JAMES B. GIBSON, D.G.	GEORGE BUSK.
A. BRYSON.	

Sir JAMES GIBSON protests against the greater favour shown to the navy by the above recommendations, and we fear that the army medical officers will not be satisfied with the terms of retirement, improved though they be. On the whole, however, we believe that these recommendations will be received with gratification, and certainly the Services owe much to Dr. MARKHAM and Mr. BUSK for their careful and laborious investigation of the claims of the officers, and assiduous attention to the duties of the Committee.

"*Ne quid nimis*," says the Terentian critic, advisedly. "*Toujours perdrix*," disparagingly retorts the Gallican grumbler. Whilst both reclamations are probably launched by some at every fresh article on sanitary science which we place before our readers. Well, we fully admit that there may be too much of a good thing, and that game always for dinner ceases to be appetizing. But we cannot ourselves imagine that we have got to anything like these extremes with the subject of public hygiene. We are as yet only in the infancy of the art of health, and the proper time to cry out "Hold! enough!" will be when we have attained to M. FLOURENS' great destiny for the race—viz., one hundred years for every man, and not to think very much of it. Some favoured spots about Europe have certainly advanced a step towards this goal beyond what could generally be done before the beginning of the present century. Yet a steep hill is to be climbed, and, as we have said, we are but on the threshold of sanitary science. But learning the alphabet is always vexatious; nobody likes it. And the alphabet of hygiene is no exception to the rule with most persons; they soon get tired of learning their sanitary letters. But the schoolmaster is abroad, and learn them they must. Hence we are about to give them another exercise in the shape of some comments *apropos* of the "Report of the Sanitary Condition of the City of London for the year 1864–65," just issued. And surely no sanitary report ought to be more important and interesting than this of Dr. LETHEBY, the medical officer of the City. If there be one place rather than another in which we would hopefully exclaim, in the words of the City motto, "*Domine dirige nos*," as regards its health, it is this our metropolis. But HERCULES would not help the waggoner unless he put his shoulder to the wheel; so we cannot expect to receive aid unless we ourselves be up and stirring.

The first item calling for notice is the fact recorded by Dr. LETHEBY that in the course of last year the population of the City had declined from a total of 129,922 to 114,472, and the number of inhabited houses had diminished from 14,706 to 13,478. This has occurred whilst the marriages in the City have been greatly above the common average, particularly in the poorest districts. The birth-rate, in fact, is below the average, and it is still decreasing. It is evident that the mortality in the eastern and western divisions of the City is excessive, although the general death-rate for the whole City is less than that of the town districts of England, and somewhat less than the average of former years. But, as Dr. LETHEBY observes, looking at the many circumstances which influence the mortality in our large towns, it is clear that the death-rate alone cannot be regarded as a truthful exponent of the sanitary condition of any locality; for where the death-rate is large, the proportion of births is also considerable, and the population is generally on the increase. Further, whilst the death-rate of a district is lessened, its sickness and social miseries may be actually increasing. As Mr. RUMSEY has shown, the death-rate must be conjoined with the birth-rate, the mortality of children, the returns of sickness, the causes of death, and the occupations of the people. As regards the City of London, after a consideration of all these circumstances, the Report states that there is still a high mortality, but a mortality from an overstraining of man's power by industry rather than from a defective sanitary regimen. In one sense, then, this is satisfactory, and we must accept the consequence if we will have our whistle at any price. "It is evident," writes Dr. LETHEBY, "that the great strain upon a city life is most felt in the years of declining manhood, and no doubt it is the result of the overtaxed energies of commerce."

The sickness returns amongst the poor of the several City unions have been below the average, for while the total number of cases attended by the union medical officers during the year was but 9473, the average number for the last five years has been 11,228. But, on the other hand, the fever cases rose from an average of 670 to 845. Excepting the unusual prevalence of fevers of the typhoid class, the *mortality* from which, however, in the City itself was not great, the general health of the place during the year was not unfavourable. If the powers of the law were sufficient to deal with the sanitary evils of certain fever districts of London, the amount of sickness as well as mortality from fever could be no doubt readily lessened. But these places are inhabited by the very lowest class of society, and which we are told either wickedly abuses, or utterly disregards, the attempts which are made to improve its dwellings.

"Nothing indeed," says the reporter, "can be more disheartening than the unsuccessful and yet constantly repeated efforts to better the condition of these places. We want a despotism to deal with them; for there is not only the disinclination or determined opposition of landlords to all species of sanitary improvement, but there are also the ignorance and mischievous perversity of the tenants, and these are too often the cause of the wretchedly unwholesome state of the tenements. At present these matters are a subject of great anxiety to the sanitary officers of every large city."

Alluding to the fears recently entertained as to the probable appearance of cholera amongst us, Dr. LETHEBY states that, from the progress of the malady abroad being so different from that in its former visitations, he did not entertain anxiety of its occurrence in England during the past year. But should it again show itself during the coming spring at Constantinople, or upon the northern shores of the Mediterranean, or even in Paris, then we may expect to have it sooner or later. Early in the month of September the public were alarmed at hearing that there was an outbreak of yellow fever at Swansea. This terrible disease had been imported in a ship from Cuba, and although rare in this climate, and probably never occurring when the temperature is below 50° Fahr., yet, in consequence of the remarkably warm month of September, it appeared with some vigour for a short time after the arrival of the infected vessel. Twenty-nine persons were said to have been attacked in Swansea, of which number thirteen died. All of them had been in communication with the ship. The above is proof, therefore, that the disease is contagious, and that during certain exceptional seasons a peculiarly tropical fever may propagate itself for a limited time amongst us. This Dr. LETHEBY suggests shows the necessity of looking well into the sanitary condition of vessels trading from London to the tropics, for an outbreak of such a malady in this metropolis during the warmer months of summer and of autumn might become a very serious business.

As regards the sanitary work of the year, we may state that 11,008 inspections were made of the poorer tenements of the City; and of these 3368 were visits to the common lodging-houses. They resulted in the issuing of 2331 orders for sanitary improvements, all of which are detailed in the tables accompanying the Report. The landlords of fifty-nine houses were summoned before the justices for neglecting to perform the sanitary work required of them, and were compelled to have it done. During the year the river did not—so at least the Report says—show any signs of putrefactive decomposition, notwithstanding that in September the temperature was high and the rain-fall less than usual.

More than fifty pages of the Report are occupied with a history of the "cattle plague"; together with an account of the regulations which are in force on the Continent—and which are very stringent—relative to cattle and meat inspection. Interesting and important as this subject is in itself, we think it occupies more space than it might be made to have done in a Report simply of the Sanitary Condition of the City of London. As it stands, however, it is no doubt instructive and interesting reading. The characters by which sound meat may be recognised are specially worthy of attention. Not only is diseased meat abundantly condemned in the City of London, but the number of fish condemned is likewise considerable; for example, not less than 673,730 fish of different kinds were seized at Billingsgate by the officers of the Fishmongers' Company during the year. Pickled salmon, caplins, and cods' tongues, along with dabs and whitings, &c., were all destroyed as being unfit for human food.

There were twenty-three convictions at the Old Bailey of persons who sent unwholesome food to the City markets, the penalties ranging from £5 and costs to a fine of £50 with twelve months of imprisonment.

Medical Annotations.

"Ne quid nimis."

THE HISTORY AND PATHOLOGY OF THE CATTLE PLAGUE.*

WE may at once call attention to a work published this week by Mr. Gamgee. It contains a large amount of information on what may be regarded as the subject of the day. Not only are the symptoms and pathology of the cattle plague described in detail, but he has here collected all the Orders in Council, a full account of the past history of the disease, the statistics of the present outbreak down to the close of last year, and, though last, not least, the Official Reports of the International Veterinary Congresses, which are now for the first time published in this country: these Reports occupy nearly one half of the volume. "The discussions," says Prof. Gamgee, "which took place both in Hamburg and Vienna referred so much to the rinderpest, and were conducted by men so able from every part of Europe, that they can only enhance, and enhance largely, the value of this work. They refer, in part, to other diseases, but as they have not been, and are not likely to be, published in any other form here, I have determined on giving them *in extenso*. At no time could the information embodied in both reports be more acceptable to Englishmen than at the present crisis."

Most observers will probably now agree in the opinion which Mr. Gamgee has consistently held from the first, that the disease was imported into this country from abroad, although the precise medium of importation is not so clear. Mr. Gamgee still adheres to the theory of importation by the cargo of cattle brought from Revel to Hull in the steamship *Twining*. The evidence collected by the Royal Commission was very far from establishing the correctness of this view, and we cannot help thinking that the tenacity with which Mr. Gamgee clung to this mode of importation, notwithstanding the contradictory and inconclusive character of the evidence, tended in some degree to prevent the general acceptance of the theory of importation.

Mr. Gamgee naturally exults in the ultimate triumph of the method of dealing with the disease which he has always recommended—viz., "to stamp it out." He says: "The Report of the French Minister of Agriculture was based on information repudiated by my countrymen. Times have changed in not many weeks. It is now acknowledged that I was in the right; but this is very slender consolation for one who would have wished to act rather than speak."

Under the head of Symptoms, Mr. Gamgee strongly insists on the necessity for careful thermometric observations in all cattle suspected of the plague. "I have special reasons," he says, "to be grateful to the French Government for the confidence reposed in me. Early in September experiments were commenced by M. Behic's orders in the New Veterinary College. They led to the thermometric and chemical investigations first attempted by my brother, Dr. Arthur Gamgee, in conjunction with Professor Chauveau. ..... It is somewhat remarkable," he adds, "that the observations now for the first time published were not long since made and recorded abroad." According to these observations, the existence of the disease may be discovered by the mere elevation of temperature, before any other symptom shows itself.

Under the head of Pathology, Mr. Gamgee opposes the views that the cattle plague corresponds in any way with either human small-pox or enteric fever. In THE LANCET of August 5th we quoted Mr. Gamgee's opinion to the effect that

* The Cattle Plague, with Official Reports of the International Veterinary Congresses held in Hamburg, 1863, and in Vienna, 1865. By John Gamgee, Principal of the Albert Veterinary College, London. pp. 809. Robert Hardwicke. 1866.

the post-mortem appearances of the cattle plague "correspond remarkably with those of the typhoid or enteric fever of man," and that therefore, "instead of calling it contagious typhus, it should be called contagious typhoid or enteric fever." In the work just issued the author writes thus: "That the intestinal lesions are, as a whole, entirely different from those of the typhoid fever of man is, however, unquestionable." The book contains, however, the largest amount of information yet collected on the subject, and it is ably written.

HORRIDA BELLA.

SOME vestries have taken it in dudgeon that their medical officers should venture to hold or express any opinions on sanitary matters except such as have been previously "passed" at the boards. The medical officers of the metropolis have formed a very valuable and important discussion society, at which some instructive and most able papers have been read, and questions of sanitary law discussed. As the result of many conferences, they have arrived at the conclusion that the work of sanitary reform, which now lags so sadly in the metropolis, would be greatly facilitated if the existing laws afforded more speedy means of procedure in some cases, and more summary or extensive powers in others. After considerable deliberation they have drawn up their suggestions for the amendment of the law in the form of a printed pamphlet, about as little alarming and yet as important a document as any on sale for a few pence. Moreover, they have had an interview by deputation with Mr. Bruce and Sir George Grey, and have submitted the proposed amendments to the consideration of the officers of the Crown. Further, some individuals amongst them have from time to time expressed opinions in public on certain sanitary matters; lately Dr. Aldis on dust-bins, which he thinks might be improved. Forthwith Bumbledom is in flames. A local print before us suggests the immediate and universal expulsion of all the medical officers of health through the metropolis, and a vestryman has expended buckets of eloquence in demonstrating the insurrectionary character of Dr. Aldis's opinions on dust-bins. The fact is, that vestrymen are the largest holders of the property which requires to be "improved;" and those who are not are, many of them, so pompous and inflated with their small dignity that they become the dupes of their irritated colleagues, and unite to cover themselves with common ridicule and contempt. To have a picture of vestry life one should read a recent number of the local journal of St. Pancras describing the fight between two chairmen of committees; the simultaneous occupation of a room by two committees; the two clerks reading the two sets of minutes in loud opposition; with the description of the "sullen dignity" of the conquering chairman in taking possession of the hard-won chair.

WATER-SUPPLY OF THE METROPOLIS.

THE supply of that great necessity of life—pure water—to such a city as London, is a social problem which is engaging the thoughts of many scientific men, and which bids fair to be thrust upon the attention of the public at large before very long, from the fact that our demands are daily increasing, whilst our supplies, so far from growing in a corresponding ratio, are rapidly diminishing. The population of London may be estimated at three millions at the present moment, and, should its rate of increase continue only the same as it has been for the *last* twenty years, we may expect to have four millions and a half of living beings to provide for within the *next* twenty years. At the present time the water-supply for this huge multitude is derived from eight water companies, whose mains afford about one hundred million gallons of water per diem, or about thirty gallons a head. This seems at first sight a superabundant supply; but it must be remembered that it includes the *entire* supply for our drinking, washing, and manufacturing purposes, the latter of which subtract a very large share. If, however, this proportion is to be maintained, and to keep pace with the growing population, the daily supply twenty years hence would be about one hundred and fifty million gallons at the lowest computation; for we find that in each decade the proportion of water to inhabitants increases.

Of the eight London water companies, some draw their supply from the Thames, others from the New River, the Lea, and the Ravensbourne; but the quantity of water abstracted from the Thames equals that from all the other sources. It will be remembered that we some years back (*vide* THE LANCET, July 10th, 1858) investigated the microscopical characters of the water supplied by the several companies, and had great cause to complain of the amount of solid residue found in it, and particularly in that derived from the Thames. Since that date, however, thanks to parliamentary interference, matters have much improved, owing to the compulsory alterations carried out by the companies. Instead of drawing their supplies from the river in the heart of London, the companies are now obliged to ascend the stream to above Hampton, where the water is comparatively pure, and to subject their supply to a series of filtering processes before it reaches our cisterns.

By the Acts of 1852, the maximum quantity of water authorized to be withdrawn from the Thames was one hundred million gallons; but the average daily abstraction does not at present exceed sixty million gallons. Still this is a very large quantity to be withdrawn from a stream of the size of the Thames; and it has become much more serious lately, since the volume of water in the river has from various causes undergone a diminution, which is estimated at a hundred million gallons a day. It may be remembered that, during the last summer, the inhabitants of Teddington and other places below Hampton complained, both in the public journals and at meetings called to consider the grievance, of the low state of the stream, which damaged both the beauty and salubrity of their river-side residences. Unfortunately, the more the supply of water to London increases, the more are these complaints likely to be heard.

The three great cities of Glasgow, Manchester, and Liverpool have already set us a good example by supplying themselves with an abundance of pure water by means of extensive aqueducts. The water of Loch Katrine has been brought into the houses of the inhabitants of Glasgow at a present cost of £1,600,000; Manchester is supplied for a somewhat smaller, and Liverpool for a somewhat larger sum. But against these amounts must be put the immediate saving to the inhabitants consequent upon the improved quality and softness of the water, to say nothing of the vast comfort and benefit to health of such a bountiful supply. It is calculated that the inhabitants of Glasgow save by the substitution of the soft water of Loch Katrine for the hard water of the Clyde no less a sum than £36,000 per annum in the matters of soap, dies, and chemicals; or about equal to the whole water-rate imposed upon them. Careful calculations, based upon the data of these experiences, show that the saving to the inhabitants of London (who at present use water twice as hard as that of the Clyde) by the introduction of soft water would not be less than the enormous sum of £400,000 per annum.

How then is this desirable object to be attained? In a pamphlet before us, and from which we have gathered many of the facts here enumerated, Mr. J. F. Bateman, a civil engineer who has had great experience in the construction of water-works and other large undertakings, advocates the formation of an aqueduct by which, as he believes, an abundant and never-failing supply of the purest rain-water could be brought to London from reservoirs formed on the borders of Wales, in the region of the sources of the river Severn. At first sight it seems a startling proposition to bring a supply of water for a hundred and seventy miles; but in these days of

great engineering feats the practical difficulties are not worth mentioning, and the details as to the supply of water and the cost are so clearly set forth by Mr. Bateman as to deserve every attention. We shall proceed to investigate the minutiæ of the proposed plan on a future occasion.

THE LAW OF "EXTRAS."

DR. CORDWENT, the surgeon to the Pitminster District of the Taunton Union, has lately come into collision with the Board of Guardians on a case of payment for "an extra," which calls for some notice at our hands.

On the 27th of October last, an agricultural labourer named Ferris, having a wife and five children to maintain on eight shillings a week, fractured the radius of his right arm. He applied to Dr. Cordwent without a medical order for relief. He had done so at least fifty times before during a period of upwards of twenty-one years, for which long time Dr. Cordwent had been surgeon to the union. The man was granted relief as a pauper on the certificate of the surgeon. The guardians now repudiate Dr. Cordwent's claim for attendance on the accident as an "extra."

Without going now into the abstract legal bearings of the question at issue, which however, to say the least of them, are contradictory, we believe they are mainly in favour of the claim; and it may safely be asserted that the act of the guardians is not only inexpedient, but mischievous in its results. There can be no doubt that, if an order had been obtained, the guardians would have been legally obliged to pay the demand; but in equity and common humanity we consider that they were bound to satisfy Dr. Cordwent's most reasonable charge. Look at the effect of their refusal in a case of severe fracture of the leg, for instance, occurring at a distance from home, and requiring immediate attention. If a surgeon were to adjust the fracture to save much suffering to, or even the life of, the patient, the guardians might refuse payment *legally* on the ground that no order was obtained; but surely this could never have been the intention of those who framed the orders with respect to extras. If such a principle were generally acted upon, that wholesome confidence which should exist among the poor, the surgeon, and the guardians would be seriously injured.

In a letter which appeared in the last number of the *Somerset County Gazette*, Dr. Cordwent has stated his case against the guardians with much ability and force. The guardians may possibly look upon the matter at issue as one entirely of *law*; Dr. Cordwent regards it in a higher and more humane light. The letter to which we refer concludes by pointing out that, should the plea of the Board of Guardians be confirmed, it will act in bad faith towards its officers; and that it will offer a premium for a neglect of practical humanity, which grimly burlesques the profuse exhortations to active and humane care in which the Board indulges liberally in reference to cases involving no extra payment.

SEA-SCURVY.

SEA-SCURVY appears to be still increasing both in frequency and severity. Five cases were admitted into the *Dreadnought* from one vessel last week, one of which proved fatal eight hours after entry. Four other cases were taken in from another ship on Monday, and we are informed by Mr. Harry Leach, the resident medical officer, that they exceed in severity any that have been received during the past twelve months. A breach of the Merchant Shipping Act has undoubtedly occurred in both these instances; and were a prosecution to follow close upon the heels of the conventional Board of Trade inquiry, this latter body, so slow to be convinced, would, by the result of such prosecution, be forced into an application to the House of Commons for powers to root out this superlatively preventable disease from our merchant navy. It is indeed lamentable that a malady which has been so clearly traced to a remediable cause should continue to affect the health of a hard-working and deserving body of men. Sailors on board ship are necessarily much in the power of their captain, and they ought to be efficiently protected from avoidable injury.

SIR CHAS. BELL'S "WATERLOO SKETCHES."

THERE is now on view at the College of Surgeons a series of "Waterloo Sketches" by Sir Charles Bell. These sketches are not such as those in which Landseer, Jones, and Gilbert have excelled, and with which our painters of battle-pieces so frequently adorn the walls of the Royal Academy. There is neither smoke nor guns, hurrying of troops, rearing of chargers, waving of banners or of swords; nevertheless, they are among the artistic battle-pieces which will have the most enduring interest. They are bold and powerful water-colour sketches of the most serious and painfully instructive injuries. Sir Charles Bell was artist and surgeon. We forbear the grim joke as to the mode of illustration by cuts, but certainly he threw almost as much enthusiasm into the one as the other pursuit. He was one of the greatest of surgeons and physiologists of his age, and one of the most highly gifted draughtsmen. In these drawings there is a large and vigorous representation of the figure as well as of the wounds. It was a day when the energies of the country were bent upon war, and our greatest civil surgeons (such as Hunter, Charles Bell, and John Bell) gave their assistance in the wards of the military hospitals. These drawings are to be sent to Netley, being the gift of the widow of Sir Charles Bell, through the Secretary at War. Mr. Wormald has presented to the College another series of seventeen drawings by Sir Charles Bell; and Sir William Fergusson has given a drawing by John Bell of the mortally wounded admiral at Camperdown. The sketches will remain on view for a week. The following is a description of the seventeen drawings presented by Lady Bell:—

No. 1.—Sketch made on the seventeenth day after the battle. Portion of the skull and scalp sliced off by a sabre-cut, exposing the dura mater, on which pus was lodged. The patient's manner was sluggish and indifferent. The bone was removed, and the flap of integument replaced. Recovery.

No. 2.—Sketched on the seventeenth day. The ball entered the cranium in front, and broke up the skull behind, but without perforating there. The patient retained his consciousness, walked without support, and insisted that there was no occasion for an operation. An incision was made through the prominent scalp; the fragments of bone, which stuck up almost perpendicularly, were removed; and the ball, covered with brain-substance, was extracted by dressing-forceps. The patient expressed satisfaction on seeing the ball. A month afterwards he was reported to be nearly well; the wounds were almost cicatrized, and the pulsations of the brain visible.

No. 3.—Sketched on the twelfth day. "He has no symptoms: you see all. The probe passed three and a half inches towards the temple. I would have enlarged the wound and taken away the pieces of bone, made an incision into the orbit, and extracted the ball, where I am sure it is lodged." Forty-eight days afterwards the ball had not been extracted; the patient was doing well, and about to be sent to England.

No. 4.—Sketched about the fourteenth day. The patient came under treatment on the fifth day after the battle; he was then insensible. An inch in diameter of the frontal bone was driven into the brain, for the removal of which the trephine was applied. Three days afterwards he became conscious, but his memory was impaired. Six days after the sketch was taken, while sitting at breakfast, the patient died suddenly. A fissure extended through the parietal bone towards the base of the skull. There was much destruction of the brain, especially near the hernia cerebri.

No. 5.—Sketched about the fifteenth day. Noted on one figure, "Deprived of vision and smell;" on the other figure, "Loss of smell, gutta serena of left eye."

No. 6.—Seventeen days after the battle. Stabbed by a small sword near the cricoid cartilage. No air expelled. Œsophagus evidently wounded, for almost the whole of the

food passes by the wound, and the saliva keeps trickling. No further report, but said to have died from inanition.

No. 7.—Fifteenth day after the battle. Wound caused by grapeshot. Considerable bleeding at first, and at intervals afterwards; none for the last three days. The carotid seen pulsating. Right arm tumid and paralysed. Two days after the sketch was made he died exhausted.

No. 8.—About the fourteenth day after the battle. The flesh of the right breast torn off by cannon-shot. No ribs broken. No symptoms of much internal inflammation, but breathing difficult. Reported convalescent on Aug. 20th.

No. 9.—On the fourteenth day after the battle. "He is a Frenchman, in great spirits, in contrast with that pale Dutchman." Wounded by a sabre. There was immediate protrusion of the bowels. Before he was removed from the field he had two stools; none since downwards. On being taken into the hospital on the third day, the mass was gangrenous. A large portion, comprehending the colon, came away after two openings had been made. Note to upper part of the wounded bowel: "Inferior orifice." Note to most depending part of bowel: "Superior orifice." c, "Omentum covered with slough and slime." From A to B, portion of gut where it had sloughed. No subsequent report, but the patient was said to have recovered—probably with artificial anus.

No. 10.—About the fourteenth day after the battle. The acromion, scapula, and head of humerus shattered. Excision of the head of the humerus was commenced; but on finding the injury to the acromion, amputation at the shoulder-joint was performed.

No. 11.—Sketched three months after the battle, at York Hospital, Chelsea. Ball entered near the insertion of the pectoralis major, and passed out behind the head of the humerus. A few days after the battle five small pieces of bone had been extracted. On the 13th of September Mr. Morrel excised the head of the humerus. Case successful.

No. 12.—Another case at York Hospital, six months after the battle. Ball fractured the humerus near the insertion of the deltoid, and passed out. At Brussels two large pieces of bone had been extracted through the posterior opening. Dead pieces recently extracted. Muscles of the forearm partially paralysed. Question of amputation agitated.

No. 13.—About the fourteenth day after the battle. Although there was no bleeding, when found on the battle-field the artery, for precaution, was drawn out and tied. The glenoid cavity and part of the clavicle carried away with the arm, supposed by a shell. "This man will do well with support, and due compression of the granulations." Sept. 12th: Reported to have left for England, nearly well. The acromion, which had been bare, dropped off about a month previously.

No. 14.—Sketch about the fourteenth day after the battle. The arm was carried off by a round shot. The patient rode on horseback directly to Brussels. When put into bed he fainted. The wound was left to nature; the bone exfoliated, and he got well. He returned in December to Hanover.

No. 15.—On the fourteenth day after the battle. Having lost a great deal of blood on the field, the hæmorrhage stopped spontaneously. The remainder of the arm was afterwards amputated at the shoulder-joint.

No. 16.—About the fourteenth day after the battle. The arm had been completely shattered from elbow to shoulder, but there was no bleeding. At Brussels a kind of amputation was performed, during which a pint of blood was lost from the main artery. Sloughing of the surface followed. The stump cleaned, with the isolated fragments of bone sticking in the granulations. The humerus was dissected bare, and sawn off near the neck; the loose fragments were cut from the surface, and the flaps approximated. The patient had tetanus. On the 20th of August he was reported to be well, and the stump nearly healed.

No. 17.—Sketched about the fourteenth day. "This is an example of the state in which I found a great many men, on three of whom I performed amputation this morning. On forcing my finger into the wound, it is in a sac or bag, with sharp jagged bones all around, a quantity of bad matter spouting out after the finger."

THE THREATENED CHANGE IN THE QUEEN'S UNIVERSITY.—We understand that the Committee of the Graduates' Association have resolved to send a deputation to London to press their views on the education question upon Earl Russell and Sir George Grey; and that one of the graduates is to proceed immediately to London to make preliminary arrangements.

PROFESSOR HUXLEY'S LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

CONTINUING his account of the anatomy of the manatee, Professor Huxley observed that it is less known than that of the dugong, except as regards its myology, the statements of Stannius concerning which were mentioned in the first lecture. As to the horny plate covering the buccal surface of the premaxilla, its tubercles are arranged in a more definite series of transverse V-shaped rows than in the dugong. In structure it is the same, except that the tubuli traverse only half its thickness, and are not surrounded by such an aggregation of epithelial cells. The dentition is widely different, there being no tusks, and the molars, which are eight or nine in number, in form resembling those of the tapir, or, perhaps, rather of the hippopotamus. They are furnished with enamel, have fangs in definite sockets, and are all very similar in form, constituting a single series without any vertical succession. Stannius found in the manatee at birth two small functionless incisors above, and two below, as also a single simple tooth rather distant from the most anterior upper grinder. The alimentary canal on the whole resembles that of the dugong. There are two anterior venæ cavæ, and the heart is divided at the apex, but the arteries and veins form *retia mirabilia* all over the body (especially in the intercostal spaces), thus presenting a most wonderful contrast to their condition in the dugong, according to Professor Owen's account of the anatomy of that animal. The diaphragm and lungs are similar, as also the brain, as far as can be judged from a cast of the inside of the skull. As in the dugong, the structure of the placenta is quite unknown. For a century past, less two years, the two genera, *Halicore* and *Manatee*, have been the only forms of the *Sirenia* existing; but anterior to that date the animal named *Rhytina* was living, and its destruction is one of the few well-attested examples of the extirpation of a species exclusively by human agency.

Eastern Siberia was not known to Europeans before the seventeenth century, but towards the latter end of that age, having passed into the possession of Russia, it became much visited by hunters for furs, and by others. In 1718 and 1719 Peter the Great sent a special mission to examine the chain of the Kurile islands, and in 1727 and 1729 another expedition, under Behring, explored Kamtschatka, but as yet there were no tidings of the *Rhytina*. Some years later (1740) Behring again visited Kamtschatka and wintered there, having with him the remarkable Steller, too early lost to science. In spite of the zeal and energy of these explorers, they failed to meet with the animal so soon to become known and then lost for ever. In 1741 Behring, having reached the eastern shore of Asia, embarked with Steller for a passage to the American coast, on which they remained a few hours. On their return they were wrecked off a little island, at no great distance from the shore of Kamtschatka, since called Behring's Island. There Steller discovered the animal which Illiger has named *Rhytina*, but which he (Steller) took to be the American manatee. He brought no fragment back with him, partly, perhaps, on account of the enormous number of individuals he found there existing. The flesh being remarkably good, Steller recommended the hunters and traders to make use of it for their sustenance; advice only too faithfully carried out, as in twenty-seven years from that date not one single living *Rhytina* remained, the last being killed in 1768. This animal does not appear to have ever inhabited America, the Aleutian islands, the Kurile islands, or Kamtschatka, and so far from volcanic action, or physical changes of any kind, having destroyed it, its disappearance is due to man, and to man alone. This rapid and easy extirpation is to be accounted for by its habits. The *Rhytina* was very voracious, and feeding only on sea-weeds, frequented shallow water, from which it was compelled constantly to emerge for respiration. It was also excessively stupid and dull of sight and hearing; but unhappily it was, perhaps, its affectionate nature which mainly led to its destruction, for whenever one of a pair happened to be wounded, its loving partner remained with it, making awkward and futile efforts for its succour till it shared its fate. So complete was its extirpation, that the fact of its ever having existed was doubted and denied, but Brandt found and described a horny plate in the museum of St. Petersburg exactly resembling the only part of its structure which had been figured by Steller. Afterwards an imperfect skull was found at Behring's Island,

and since then three nearly complete skeletons have been discovered. The *Rhytina* differs from the other *Sirenia* in its smaller head and in its tail fin, which is even more deeply insected than in the dugong itself; also in its being devoid of hair, except on the snout and on the *under surface of the paddles*. There is an excessively thick and coriaceous epidermis, with perpendicular tubuli. The end of the pectoral fin is represented as being abruptly truncated. There are seven cervical vertebræ, though Steller says but six, a mistake the more remarkable, as the peculiar structure in this respect of *Manatus* was not then known. The five metacarpals exist as usual, but, according to Steller, there are no phalanges whatever; hence the truncation of the fin. The pelvis is like that of the dugong, only larger. The jaw plates have strong V-shaped ridges, but the mouth is absolutely edentulous, *Rhytina* as compared to the other *Sirenia* offering a singular parallel to the whalebone whales as compared to the toothed ones. The alimentary canal is as in the other genera, except that there are no pyloric appendages. The cæcum is very large and is single; the liver (unlike that of the other *Sirenia*) is quite devoid of a gall bladder. The circulating organs, larynx, lungs, generative organs, &c., present no marked differences from those of the other two genera.

In the tertiary strata the remains of many allied forms have been found, but one of them (*Halitherium*) is noteworthy as one of those transitional forms (using the word in a broad sense) which the progress of zoology is constantly bringing forward. The pelvis is larger than in the other forms, and was probably, like that of *Rhytina* and *Halicore*, attached to a sacral vertebra. There is also a very definite acetabulum and a femur, which, however, is rudimentary and another instance of a functionless structure. As its distal end is unknown, it may be that it had attached to it a rudimentary tibia. The dentition is interesting, as the anterior molars are simple and pointed, while the posterior ones are complex, thus recalling the conditions presented by the artiodactyle ungulates. There was, moreover, certainly a *vertical* succession. Thus *Halitherium* connects the *Sirenia* with ordinary ungulate quadrupeds. We shall hereafter find that the *Probosidea* also connect them with quadrupeds, but of a different type.

BETHNAL-GREEN.

DR. SARVIS writes concerning Bethnal-green, its elevation and population:—

"The population corrected for increase to the end of the past year is barely 115,000. Weaving has been on the decline for many years, and is now followed by very few persons in the district, the principal employments being fancy trimming, cabinet, lucifer match, and boot and shoe making, with railway and dock work. The large windows of the weaver are seldom seen, and the throw of the shuttle is seldom heard; they have given place to small windows and the click of the sewing machine. The miserably crowded cottages, and still worse conditioned streets and alleys, are the exception, certainly not the rule; and the district, instead of being low, flat, &c., has a gradual slope, and is thirty-six feet at the infirmary, and in some parts of the district forty-four feet, above high water mark."

We are glad to hear such a favourable account from one who should know; and we hope that we may not see "Bethnal-green" so frequently figuring in the future as a heading to accounts of inquests on death from fever, dirt, starvation, destitution, overcrowding, and neglected sanitary condition of hovels, courts, and alleys. With reference to the infirmary, on which we lately reported, Dr. Sarvis says:—

"The workhouse has, no doubt, more inmates than it has proper accommodation for. This is about being rectified; but how on the same day your reporter could see negligence and dirt, and the Poor-law Commissioner see care and cleanliness, it puzzles me to know."

Dr. Sarvis is very hard upon the Poor-law Commissioner; he should remember that other people may be as hard upon him. The inspection to which he refers was made by the three members of the Commission conjointly: they describe facts which have not been, and cannot be, controverted; and if such facts disclose indecency, neglect, cruelty, and mismanagement, it reflects no credit upon anyone connected with the house or the parish that it should have been left to our Commissioners to expose so disgraceful a state of things.

Correspondence.

"Audi alteram partem."

FURTHER REMARKS ON THE CATTLE PLAGUE.

(LETTER FROM DR. COPLAND, F.R.S.)

To the Editor of THE LANCET.

SIR,—Since I last addressed your readers I have received some communications from surgeons and others in several parts of the country, stating that they have prescribed successfully the treatment of this pestilence which I sent to THE LANCET on the 21st of November last; and that they found the greatest benefit to accrue from the repeated exhibition of the spirits of turpentine with camphor and ammonia, as recommended in your journal of December 2nd. In my answers to several of these communications I have further advised the addition of assafœtida to these; the early exhibition of these means, in doses, and the frequency of recourse to them, according to size and age, and the malignancy of the malady, whether by the mouth or in enemata. As, according to certain letters which I have received, the treatment was not employed in every respect as I recommended, some articles having been omitted, I am desirous that an early, efficient, and satisfactory trial of each of these means, in the combinations there given, should be made. Having, from the year 1815 up to the present day, had more experience in the treatment of malignant, pestilential, and infectious maladies,—having closely studied their natures, and having observed and proposed, and seen the effects of the means employed in their treatment,—than any living physician: having, in short, in my possession documents to prove that I have prescribed for the first time, and with success, many of the substances which have been found beneficial in the malignant pestilences in man, I considered that the malignant and infectious maladies in the higher of the lower animals would be influenced and cured by the same means as are found successful in similar diseases in the human species. Hence the reason of addressing my former communication on this subject to you, believing that THE LANCET would prove the best channel for the dissemination of such information as I wished to convey, both to the medical profession and to others whom it was likely to benefit. All malignant maladies are more or less infectious or contagious, or both the one and the other, according to circumstances, and, conformably with these, are prone to become epidemic and to assume a pestilential character. As I am not much disposed to be prolix, on this or any other subject, I beg leave to refer your readers to what I have said upon the subjects of pestilential maladies and of malignant diseases, and especially those fevers which are apt to assume a malignant character (as puerperal fevers in lying-in wards, &c. &c.), in the large edition of my Dictionary of Practical Medicine; at the same time requesting their attention to the means I have there advised, under its appropriate head, for the prevention of those maladies.—I am, Sir, yours &c.,

JAMES COPLAND, M.D., F.R.S.

Old Burlington-street, Feb. 19th, 1866.

THE CURABILITY OF LATERAL CURVATURE OF THE SPINE.

To the Editor of THE LANCET.

SIR,—Some of your readers appear to have misunderstood the remarks I made in reference to the curability of lateral curvature of the spine at the meeting of the Medico-Chirurgical Society of Jan. 9th, and recorded in your journal of Jan. 27th. From this report, they infer my statement to be that lateral curvature of the spine is an incurable affection; and although the report contains no such statement, and from it no such inference can be logically drawn, still, as it has been so far

misunderstood, I should feel obliged if you would allow me space for the following explanatory remarks.

My object, as clearly expressed in your report, was to point out the diagnosis between the curable and incurable cases of lateral curvature; and in so doing I especially dwelt upon "the diagnosis between functional and structural deviations." I stated that no lateral curvature could exist without rotation of the bodies of the vertebræ, and that this rotation necessarily implies the existence of certain structural changes affecting the intervertebral cartilages and oblique articulating processes, and at a later period also the bodies of the vertebræ. I made rotation the test of the existence of true lateral curvature; and for the diagnosis of rotation of the bodies of the vertebræ relied upon the posterior projection of the angles of the ribs on one side in the dorsal region, or of the transverse processes in the lumbar region; the angles of the ribs or the transverse processes of the opposite side receding. If there is no rotation, I assume that there is no real curvature or any structural changes, and that any deviation which may apparently exist as lateral curvature is simply a functional affection, which may, as a general rule, be cured by recumbency and gymnastics; and in these cases I am opposed to mechanical treatment. When rotation, with its structural changes, exists, and constitutes what I conceive to be true lateral curvature, I believe it to be curable only when the affection is slight, of recent formation, and occurring in growing girls or boys. I am convinced that, as rotation advances, so the affection becomes incurable, as I observed, "by any and every method of treatment," the structural changes not admitting of removal or repair; and that "to arrest the increase of curvature, or to produce such improvement as the cases admitted of, it was indispensably necessary to use firm mechanical support."

I am, Sir, your obedient servant,

WILLIAM ADAMS.

Henrietta-street, Cavendish-square, Feb. 17th, 1866.

VENTILATION OF SEWERS.

To the Editor of THE LANCET.

SIR,—In your number of the 10th inst. you commented on the proceedings of the Metropolitan Board of Works upon the above subject; but as I feel that you have no desire or occasion to found your arguments in favour of sanitary measures upon erroneous reports or mistaken opinions, allow me to offer one or two corrections affecting the subject.

The proposal was to offer a premium for the best plan, &c. The amendment was to postpone the subject; which, you state, after being proposed and seconded, "was supported by a third speaker, Mr. Evans, who was of opinion that when the main-drainage works were completed there would be such a rapid flow through the sewers that the generation of offensive gases would be prevented." The truth is that I spoke generally on the subject *before* any amendment was proposed, and therefore not in support of it. I never said the generation of deleterious gases would be *prevented* altogether, as you would infer; but my argument was to the purpose of proving that the evil had already been *diminished*, and would doubtless be *further abated* when the several parishes had completed the reconstruction of their principal sewers, in which they were now actively engaged, by enlarging, deepening, and giving to them a greater inclination towards the great outfalls. I made one observation only after the amendment was proposed, and that to call attention to the Registrar-General's last report—"that the rate of mortality in the metropolis had fallen from 26 to 24 per 1000 as compared with the corresponding period of last year; and that the health of London was better than that of any of the other large towns, and was only one above the average (23) of the whole kingdom."

You also imply that some members of the Board rest on the hope that the completion of the main-drainage works will *prevent* the formation of the gases in the sewers. I believe I can state, without fear of contradiction, that not one member entertains such a "chimera:" all are fully aware and anxious on the subject. Individuals offer suggestions, and treat the matter as one of ease and simplicity; but, with the knowledge the members have of the large amount of evidence given upon the subject by all the first chemists and engineers of the day, they cannot but believe, with Mr. Faraday, that "the subject is beset with great difficulties." And the Board have also faith in the able services of their engineer, Mr. Bazalgette, who, in his report of last month, after enumerating the various opinions, plans, and results of experiments on the subject, concludes "that the most efficacious and most universally applicable mode of preventing the escape of noxious gases is so to construct the sewers that a continuous flow shall be kept up in them, and provide them with a sufficiently copious supply of water that the decomposing matter within them shall be diluted and instantaneously removed, and not allowed to settle and ferment in the sewers. Much has already been effected in the ventilation of the London sewers by the abolition of the tide-locked and stagnant sewers, and much more may be accomplished by the introduction of a more copious supply of water—a desideratum also otherwise so greatly needed for the necessities and comfort of the inhabitants of the metropolis."

I must add that Mr. Miller's experience, related at length in your commentary, applied to the state of things upwards of *ten years ago, before the Metropolitan Board of Works was established.* The higher tribunal to which you trust Mr. Miller may carry this subject have repeatedly had it before their committees, and in their reports could only acknowledge the difficulties of the subject, and so remitted it to the Metropolitan Board of Works, whose efforts, I may say, have not been without effect.

In conclusion, allow me to add that this important subject is at the present time engaging the attention of several district surveyors, as well as the engineers of the Board; and the most progressive sanitarian need entertain no fear that the question will remain *in statu quo* without discussion and experiment.

I am, Sir, yours obediently,

BENJ. EVANS, F.R.C.S.,

Member of the Metropolitan Board of Works.

Acre House, Brixton, Feb. 14th, 1866.

ON SYPHILIZATION.

To the Editor of THE LANCET.

SIR,—Of the five patients who subjected themselves to this method of treatment in St. Bartholomew's Hospital, one quitted the hospital, uncured, of her own accord. Of the remaining four, all of whom discontinued the treatment about the end of the second month, two are much in the same state as if they had been treated in the usual way. Of the remaining two, one, a young girl admitted with discharge from the vagina and superficial ulceration, has since suffered from ulceration of the fauces, and verrucæ about the anus; the other has had a severe cerebral seizure, as if there had been inflammation of the dura mater and effusion of fluid on the brain; her sight became dim, her look wild, and she lost power over the limbs. The patients are still in the hospital.

I am no "mercurialist," but I cannot conclude without the following remarks:—Each surgeon at St. Bartholomew's Hospital has thirteen beds for female venereal patients, making a total of fifty-two. Our late respected colleague, Mr. Lawrence, treated his cases on the "mild mercurial" plan; and it is strange that he cured more cases than the others.

In 1863 the cases admitted numbered 364, of which 224 were treated by mercury. In 1864 the admissions were 365, of which 200 were treated by mercury (75 by inunction).

I remain, Sir, your obedient servant,

HOLMES COOTE.

Queen Anne-st., Cavendish-sq., Feb. 1866.

Parliamentary Intelligence.

HOUSE OF LORDS.

FEB. 16TH.

PRISONS' REGULATIONS.

ON the motion of Lord CARNARVON a return was agreed to of the instructions issued by the Home Secretary in relation to the Prisons' Act.

FEB. 19TH.

CATTLE DISEASES BILL.

On the motion of Earl GRANVILLE the Cattle Diseases Bill was read a second time, and the standing orders having been suspended the House went into committee on the Bill.

The Earl of AIRLIE moved an amendment to the 12th clause giving to the local authorities a discretionary power to slaughter or restrain from slaughtering animals certified to be recovering from disease.

The proposal gave rise to some debate, in which the Duke of ARGYLL, the Earl of DERBY, the Duke of RICHMOND, and

other lords took part, and ended in a division and the rejection of the amendment by 52 to 15.

An amendment proposed by the Earl of LICHFIELD, to the effect that the inspector should be required to assign a reason for entering a farmer's premises prior to his inspection, and not afterwards, was also negatived, upon a division, by 22 to 21.

The Bill then went through committee, and was read a third time and passed.

FEB. 20TH.

The Royal Assent was given by commission to the Cattle Diseases Bill.

After some conversation respecting various points in connexion with the cattle plague,

Lord DERBY inquired what measures had been taken to prevent the spread of the small-pox in sheep, which had recently broken out in Northamptonshire?

Lord GRANVILLE replied that measures had been adopted which it was hoped would prevent the extension of the disease; and, in answer to further questions, he stated that at present it had not been precisely ascertained whether the disease had been imported from abroad.

HOUSE OF COMMONS.

FEB. 16TH.

INDUSTRIAL SCHOOLS.

Mr. LIDDELL asked whether it was the intention of the Government to propose to continue the Act 24th and 25th Vict., c. 113, relating to industrial schools, which expires on the 1st day of January next.

Sir G. GREY said it was the intention of the Government to propose the continuance of the Act in question.

SEWAGE OF TOWNS.

Mr. SCHREIBER asked the Secretary of State for the Home Department whether it was the intention of her Majesty's Government to propose early in the present session any additional legislation with regard to the sewage of large towns.

Sir G. GREY replied it was not intended to pass any additional measure until further information should be received from the Commission which was inquiring into it.

FEB. 19TH.

The House having gone into Committee on the Cattle Plague Bill, which relates principally to the movement of cattle, Mr. WARD HUNT explained that his object had been to endeavour to establish a code that would be sufficiently elastic to apply to every county in Great Britain. The Bill would absolutely prohibit the movement of cattle on all highways, railways, rivers, and canals, up to the 25th of March next—with these exceptions only, that beasts might be conveyed along a highway from one farm to another for 200 yards; where landed from a sea-going steamer they might travel on the highway for 500 yards; and in going from the farm to the slaughter-house they might traverse on the highway not exceeding two miles. Newly-dropped calves might be conveyed in carts from the place in which they were born to the farms where they were to be reared; working oxen employed in the cultivation of the soil and in harness, which was some security for their being in health, might also be moved for a distance to be specified; and to enable emigrant and other sea-going ships to get a supply of milk on board, milch cows might be conveyed to them in covered carts. By adopting these precautions he hoped the plague would be got within manageable compass by the 25th of March. From that date it would be necessary to still further relax the restrictions upon the movement of cattle. Then in-coming tenants took possession of their farms, and he proposed that beasts for the stocking or restocking of farms might be moved by licence at any time during fourteen days from any quarter-day after public notice. For the purposes of breeding, a cow or heifer might be moved with a licence for any distance not exceeding three miles, and a bull twenty miles. In like manner calves might be removed provided they were sound and not more than twenty-one days old. The consideration of the clauses was then proceeded with.

FEB. 20TH.

DWELLINGS FOR THE POOR.

Mr. M'CULLAGH TORRENS, in moving for leave to bring in a Bill to provide better dwellings for artisans and labourers, described at some length the straits to which working men were put in the metropolis and other large towns to obtain house accommodation, and the evils which resulted from overcrowding, and showed that hitherto private speculation and private charity had failed to supply anything like an adequate remedy. He explained that the Bill would give power to the Home Secretary, when he had reason to suspect or was informed by a corporate body, or by a certain number of ratepayers, that any district by reason of overcrowding was exposed to the danger of pestilence, to cause that district to be inspected, and an estimate of the expense of the necessary removals and rebuilding to be drawn up; and it also would empower the Public Works Commissioners to advance money for the purpose of carrying the necessary improvements out, on the security of the local rates.

Mr. LOCKE seconded the motion, which was supported by Mr. KINNAIRD, and after a few words from Mr. CHILDERS, leave was given to bring in the Bill.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on the 19th inst. the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Burn, Joseph, Bourne.
Cribb, Henry, Bishop's Stortford.
De Tatham, Hamilton, 40, Dorset-square.
Edgelow, George, Kensington-square.
Jackson, George, Plymouth.
Morrill, John, Guy's Hospital.
Webb, John Holden, St. Mary's Hospital.

At the same meeting the following gentlemen were reported by the examiners to have passed their Primary Examination for the Licence:—

William Percival Magor Boyle, Guy's Hospital; Henry Cheesman, ditto; Charles Gôte Gurdon, ditto; James Robert Hill, St. Mary's Hospital; William George Kemp, St. Bartholomew's Hospital; George Welland Mackenzie, London Hospital; John William Morris, Guy's Hospital; Arthur Wolcot Nankivell, University College; John Ockenden, St. Mary's Hospital; John Robert Perkins, King's College; John James Ridge, St. Thomas's Hospital; Eldred Noble Smith, St. Mary's Hospital; John Davies Thomas, University College; William James Todd, King's College; Arthur Tudor Humphreys Trevor, ditto.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 15th inst.:—

Bolt, Robert Andrew, Blackman-street, S.E.
Edmonds, Charles George, Southampton-street, Camberwell.

THE Cholera Conference was opened at Constantinople on Tuesday.

MEDICAL MAYORS.—Charles Cory Aldred, Esq., M.R.C.S., &c., has been a second time elected Mayor of Great Yarmouth.

THE fossil remains of a gigantic bird, estimated to have stood twenty-five feet high, have been discovered in some beds of limestone at Nelson in New Zealand.

DEATH PROPORTIONS.—It is now an established fact that in this country males are cut off in a higher proportion than females, and that the ratio of that higher death-rate in the males is nearly constant from year to year.

OIL OF BITTER ALMONDS.—A carman at Glasgow, named Robert Gillespie, died almost instantaneously from drinking a wineglassful of the oil of bitter almonds instead of the same quantity of whisky.

FATAL MISTAKE.—An inquest was held on Wednesday last on the body of Mrs. Anne Woodham, whose death was occasioned by a large dose of laudanum administered to her by her attendant in mistake for tincture of rhubarb.

THE Minister of Agriculture has sent M. Delpech, professor of medicine, M. Raynal, veterinarian, and M. Alfort, to Germany, to examine and report upon the trichina disease prevalent in pork.

THE cattle returns are again imperfect. Two hundred and fifty-one inspectors have not sent their returns in time: a very large amount of work involved in inspecting is alleged as the cause. The imperfect return of last week is not corrected. The total number of fresh cases reported for the week ending February 10th, is 11,590.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following candidates passed the Major Examination on the 21st inst. as Pharmaceutical Chemists:—Thomas Fitzgerald Bulmer, Preston; Osborn Chubb, Taunton; Thomas Harris Cruse, Warminster; Walter Dyson, Pendleton; Arthur Thomas Horton, Scarborough; Edward Jones, Ryde; Andrew M'Innes, Ardrossan; James Stewart, Kirkcaldy.

CHOLERA IN RUSSIA.—The cholera still prevails in Southern Russia, where the mildness of the winter has produced a great deal of illness. At Moscow there have been so many cases of typhoid fever lately that the hospitals are quite full.

NEW CITY LUNATIC ASYLUM.—A new asylum for the City of London has been erected at Stone, near Dartford. It is fitted up in every way suitable and convenient for patients, of which it is intended to contain 250. Its erection cost £65,000.

CHOLERA AT BREST.—The "Ocean" of Brest, of Feb. 12th, states the deaths from cholera during the five preceding days amounted to forty-six, including thirteen in the hospitals. The epidemic has nearly ceased within the walls of the town, the deaths having diminished from seven to three or four per day, almost all outside the walls.

THE memorial stone of a new dispensary at Callian has been laid by the Governor of Bombay. The cost of the building, about 60,000 rupees, £6,000 will be defrayed by Mr. Munjuldass Nathabhoy, an influential and wealthy Hindoo, resident in Bombay. The dispensary is to be endowed by the same charitable gentleman.

FEVER IN WHITECHAPEL. — The Medical Officer of Health for Whitechapel, Mr. Liddle, has made a report to the local Board of Works, in which he states that during the past year the number of deaths in the district from fever has been 167, exclusive of those which occurred in the Fever Hospital of those belonging to the district. Fever has been epidemic since 1862, in which year the number of deaths from it was 250; in 1863 the number was 158; and in 1864 it was 170. During the past year the medical officers of the union attended 573 cases of fever, and in the preceding year 395 cases. In the workhouse during the past year there have been 535 cases of fever. These facts, Mr. Liddle remarks, indicate that our sanitary arrangements are very imperfect, and that much greater exertion must be made, and further scientific inquiries must be instituted, if this plague is to be checked.

LINNÆUS.—The first edition of the "Systema Naturæ" of Linnæus, published in 1735, is to be reproduced through the photo-lithographic process, by the Stockholm Academy of Science. It contains the earliest attempt to treat man zoologically.

MR. FARNALL, C.B., made an official inspection of Paddington Workhouse on Tuesday last. He was satisfied with all the arrangements. One good feature of the Paddington management is that it has paid nurses, and only makes use of the best of its paupers to act under these nurses. This is found to be more economical than employing all pauper nurses, as some parishes insist on doing—Greenwich, for instance, where the cost for extras alone for the pauper nurses amounts to upwards of £315 a year.

POLICE ERRORS.—An inquest was held by Mr. Carter on the body of a man named Thomas Hayward, aged fifty-six. He was found lying on the pathway in Newington-butts, and taken to the station house, where he was charged with being drunk. On examination by the surgeon, it was found that his right leg was broken. He was then removed to the hospital, and ultimately expired, after great suffering. The house-surgeon of St. Thomas's Hospital stated that the insensibility was caused by pain. The coroner, in summing up, said there had been a great many deaths of late in police cells, and otherwise, caused by constables taking people up for being drunk, while they were in reality dying. He should, however, advise them to be more careful for the future. Verdict, "Accidental Death."

VACCINATED COWS IN CONTACT WITH DISEASED CATTLE.—M. H. Bouley stated, February 13th, from his place at the meeting of the Academy of Paris, that all the vaccinated cows which had been sent to England, in order to be placed in contact with diseased cattle, so as to test the amount of immunity acquired by vaccination, had taken the complaint.

At the same meeting, M. Auzias-Turenne read a paper, in which he advocates the regeneration of vaccine by inoculating horses. Arm-to-arm vaccination should however be continued as before among children.

FEVER IN NEWCASTLE-ON-TYNE.—Typhus fever, which has been fatal in some of the more neglected parts of the east-end of Newcastle-on-Tyne during the winter, seems to be travelling into the more wealthy quarters of that town. Last week Dr. Watson, a highly respectable medical practitioner, was carried off by it, and on Monday Dr. Hawthorn, a gentleman in large practice, fell a victim to the same disease. On Monday, also, Mr. John Benson, a town councillor, and a gentleman taking a very prominent part in the public movements of the town, died of typhus fever, after a very few days' illness.

ABUSE OF WORKHOUSES.—Mr. Farnall, C.B., made some remarks at the meeting of the guardians of the Greenwich Union relative to the practice of sending the temporarily disabled, old, and infirm classes into the workhouse. He did not think it was a fit place for them. The medical man and the relieving officer no doubt got rid of cases easily by sending them to the workhouse, and were tempted to do so, but this was a course he should like to see stopped. The cost of a sick case was not less than six shillings a week, while the other cases averaged three shillings and sixpence. Mr. Farnall also observed that there were forty pauper nurses to look after the sick and infirm, and not a single paid nurse; and this, doubtless, was looked upon by the guardians as a great advantage, but it was not, as he could prove to them.

MEDICAL APPOINTMENTS.

H. J. BUCK, L.R.C.P.Ed., has been appointed Medical Officer for the Kenley District of the Atcham Union, vice G. F. B. Willing, L.R.C.P.Ed., resigned.

B. COCKS, L.R.C.P.Ed., has been appointed Medical Officer for the North-East District of the Buntingford Union, Herts, vice C. Gaffney, M.R.C.S.E., resigned.

F. A. CRAMER, L.R.C.P.Ed., has been appointed Medical Officer for District No. 4 of the Martley Union, Worcestershire, vice G. F. Knife, L.R.C.P.Ed., resigned.

P. T. DEAN, L.R.C.P.Ed., has been appointed Medical Officer for District No. 2 of the Croydon Union, vice F. Hetley, M.D., resigned.

B. W. FOSTER, M.D., has been elected Physician to the General Dispensary, Birmingham.

C. F. GEORGE, M.R.C.S.E., has been appointed Medical Officer for the Blyborough District of the Gainsborough Union, and the Kirton District of the Glanford Brigg Union, Lincolnshire, vice T. H. Moxon, M.R.C.S.E., resigned.

B. C. GOWING, M.R.C.S.E., has been appointed House-Surgeon to the Whitehaven and West Cumberland Infirmary, vice A. N. Turner, L.R.C.P.Ed., resigned.

W. P. HOARE, F.R.C.S.E., has been appointed Medical Officer for the Workhouse of the Dartford Union, Kent, vice E. Charlton, M.D., resigned.

C. C. PODE, B.A., of Exeter College, Oxford, has been elected Radcliffe Travelling Fellow.

W. H. REED, M.R.C.S.E., has been appointed Assistant Medical Officer to the Derby County Asylum.

H. THIMEN, M.B., has been elected a Fellow of the Linnæan Society.

Births, Marriages, and Deaths.

BIRTHS.

On the 24th of Nov., at Orange, N.S.W., the wife of Cosby Morgan, M.D., L.R.C.P., of a daughter.

On the 9th inst., at Upper Brook-street, Grosvenor-square, the wife of J. W. Ogle, M.D., of a son.

On the 13th inst., at Caledonian-road, John Brunton, M.D., M.A., of a daughter.

On the 16th inst., at Sherborne, the wife of Horace Nutt, M.R.C.S.E., of a daughter.

On the 19th inst., at Queen-square, Westminster, the wife of J. S. Bristowe, M.D., of a daughter.

MARRIAGES.

On the 13th inst., at St. George's, Hanover-square, James Ainley Mounsey, Surgeon, to Emily Georgina, daughter of Wm. Wilson, Esq.

On the 13th inst., at Ecclesall Church, Sheffield, John Russell, M.R.C.S.E., of Neath, Glamorganshire, to Elizabeth Mary, daughter of Chas. Timm, M.D.

DEATHS.

On the 14th inst., at Whitby, Yorkshire, Katherine, the wife of G. H. Holtby, L.R.C.P.Ed., aged 59.

On the 15th inst., at Wilson-street, Middlesbrough, John M'Glashan, Surgeon.

On the 15th inst., W. M. M. Fosbroke, M.D., of the Old Kent-road, aged 80.

On the 16th inst., James Taylor, M.D., of Barnhill, Glasgow, aged 22.

On the 18th inst., Henry Boyd, M.D., of Argyle-street, Glasgow, aged 54.

On the 20th inst., Dr. Wm. Morris, of Newbury, Berkshire, second son of E. W. Morris, Esq., of Denmark-hill, aged 31.

To Correspondents.

THE DISCOVERY OF TRICHINÆ.

WE are compelled to postpone *Dr. Spencer Cobbold's* paper "On the Discovery of Trichinæ" for a week, owing to great pressure on our space. Meanwhile we may, in answer to correspondents, state that the actual quotation from Froriep's Notizen is as follows:—

"Tiedemann found in the body of a man who was excessively addicted to drinking brandy, and who had died of dropsy after several violent attacks of gout, white stony concretions in most muscles, especially of the extremities. They were imbedded between the muscular fasciculi in the cellular tissue, frequently also attached to the coats of the arteries, were from two to four lines (German) long, and roundish. Subjected to a chemical analysis by Gmelin, they were found to consist of—73, phosphate of lime; 7, carbonate of lime; 20, animal matter, similar to albumen or fibrin."—*Froriep's Notizen*, Bd. I., s. 64 (1821).

F. M.—The office of Serjeant-Surgeon was instituted in 1461, when William Hobbys was appointed with a salary of forty marks per annum. Doubtless the gentleman named by "F. M." will be the next recipient of this honour.

Therma.—Differential, dry and wet bulb thermometers, barometers, anemometer and rain-gauge.

A Traveller.—Strong coffee would be the best stimulant under the circumstances.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—In company with a young medical friend, who was anxious to join the navy, I visited two of our iron bulwarks which were alongside the dockyard at Portsmouth, and which might possibly be my friend's home for three or four years should he determine to join. The ships were the *Minotaur* and *Royal Alfred*, two noble specimens of naval architecture; but so altered from the original arrangements for officers that my friend stared in astonishment, and could not be induced to believe that the Admiralty seriously contemplated a number of officers living for years in such darkness and misery. "Skilled labour," in the shape of an intelligent artizan, informed us that the ward-room was originally of ample dimensions; but that some officious official, thinking that perhaps the officers would be too comfortable, ordered about fourteen feet to be taken away from it, thereby having the extraordinary anomaly of the commander's cabin *outside* the ward-room. The cabins of the assistant-surgeons are put unnecessarily forward, and the best cabin, after the captain's, seems to be that of the admiral's steward. We were also told that the reduction of size of the ward-room added in no degree to the efficiency of the ship.

In the *Royal Alfred* the ward-room is dark, and by no means too large for the many officers she must carry; but the cabins, with two exceptions, are fairly comfortable. These exceptions are those of the two unfortunate assistant-surgeons, which are *now* built on what was originally intended to be a vacant space. The senior assistant-surgeon has aft the enormous deck room of three feet two inches, and the junior two feet three inches. Where a chest of drawers could be stowed and a comfortable bath had, I leave as a problem to future ages. On looking over the original plans, we discovered that the assistant-surgeons had two large cabins assigned them; but that another officious official converted them into spare cabins, and ordered the building of the sumptuous residences I have attempted to describe.

Knowing for a fact that in the *Marlborough*, 4000 tons, in the Mediterranean, *two* out of the three assistant-surgeons were without cabins, and that in the *Royal Alfred*, 4045 tons, adequate accommodation is still denied to assistant-surgeons, I did not wonder at my friend's avowal that he, for one, declined to join the service. The manly statements of Drs. Birch and Elliott as to why they left the service have deterred many able men from entering the navy. Taking into account the great mortality amongst assistant-surgeons lately, the increasing number of resignations, the expressed dissatisfaction of the medical officers who have not resigned, and the notorious disinclination of men to join the service, one must see that all things point out clearly that some sweeping change is necessary to raise the prestige of naval medical officers to the high standard a great naval nation demands. I know for a fact that if a *real* desire to keep faith with the medical profession be shown, the Admiralty will be met considerably more than half way by medical men both in and out of the navy.

I remain, Sir, yours truly,

February, 1866. MEDIO TUTISSIMUS IBIS.

Royal Medical and Chirurgical Society.—It was Mr. G. Gaskoin who made some observations at the Society, reported in THE LANCET of Feb. 10th, in a discussion on Mr. Moore's paper. The remarks were erroneously attributed to Mr. Gascoyen.

A. Z.—1. Caution should be used in any negotiation of the kind.—2. It might be tried.

WE have received 21s. from Thos. Westlake, Esq., Red Lion-square, on behalf of the Gregory Fund.

A Competitor.—It is understood that the award for the Jacksonian Prize will be made at the next quarterly meeting of the Council of the College of Surgeons.

AN IMPOSTOR.

To the Editor of THE LANCET.

SIR,—On Sunday evening last, at nine P.M., a gentlemanly looking man of middle height, having a dark moustache, and apparently about twenty-five years of age, called upon me, requesting I would favour him with the loan of a few shillings. He told me he was house-surgeon at a county hospital; had just lost his purse; that he had no friends nearer than Tulse-hill, and was anxious to get there, but had not a penny in his pocket. He told his story with so much plausibility that I was induced to offer him 2s. 6d. He promised to send me postage stamps the following day, but he has failed to do so. It is now evident he is a swindler.

Perhaps your noticing this in your journal may cause the fellow's capture if he attempts this same trick again. I enclose my card.

Your obedient servant,

February 15th, 1866. W. H. G.

*** We have received several other letters, complaining of the impositions practised by this person.

Cosmopolitan.—Our correspondent cannot turn his profession to account in France (in a pecuniary point of view), unless he make up his mind to try for actual practice amongst British residents either in Paris or the provinces. Staying for some time only will be of no avail. As to assistantship, no prospect of it can be entertained, except he be lucky enough to meet with a medical man belonging to these islands, already settled abroad, and looking out for an assistant. The practice of employing gentlemen of the latter description does not exist amongst French practitioners.

A Clinical Clerk.—It is not compulsory.

Mr. George Smith.—The application of alcohol or ether will produce a temporary effect, and is unattended with danger.

A "Casual."—1. An inveterate form of scabies.—2. Favus.

Junior.—The original experiments of Mr. Kellie, of Leith, and the more recent ones of Dr. Burrows, of St. Bartholomew's Hospital.

Mr. E. S. P. Belford (Sidney, New South Wales) is thanked for his quotation from Bacon's works.

W. H. O. (Stoke Newington) forgets that the disease attacks both sexes.

PRELIMINARY SCIENTIFIC EXAMINATION AT THE UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—The difficulties attending the Preliminary Scientific Examination of the University of London do not appear to be completely solved by any of your correspondents. Will you allow one who is quite disinterested in the matter to point out one or two considerations which may at all events help to a solution?

I take for granted that the subjects of this examination are such as a medical graduate of a University ought to know; but it cannot, I think, strictly be said that they form part of a medical education. Why, then, should the University require them to be learned in one of the years of professional study? As it is, three or four sciences have to be mastered, amid all the distractions, not only of the first introduction to hospital practice, but of the arduous studies of anatomy and physiology. It cannot concern the University at what period these subjects are learned. Why should not the student be allowed to get them over before beginning his medical education properly so called? He might often pass both matriculation and the preliminary before the age of eighteen or nineteen. He would then go on to his strictly professional studies, not only with undivided energies, but with a better cultivated mind, and senses trained in some degree in the invaluable habit of observation. The only change needed is to abolish that regulation which obliges candidates for the Preliminary Scientific to bring certificates from a medical school. It may be asked, Where, except at the medical schools, is instruction of this kind supplied? There are now many places where the physical sciences are taught at least as thoroughly as at the hospital schools, such as Oxford and Cambridge, the Faculties of Arts at University College or King's College, London, or the School of Science in Jermyn-street. It needs no argument to show that those who have the advantage of two or three years' liberal education after leaving school ought to be able to learn enough Chemistry and Natural History for this examination. Even a single year spent in one of these institutions would be sufficient, and would fully repay a hard-working man. Nor need we, I think, despair of seeing the time when adequate opportunities of acquiring scientific knowledge will be given at least in all schools where the pupils remain to the age of eighteen or nineteen. I do not mean that there are many schools now where this is the case; but the number is increasing, and a little pressure from the examining boards would much accelerate the change. Whether these hopes are well founded or not, it is plain that the scientific lecturers at the medical schools, however excellent, are not the only competent teachers. It is surely fair to ask what there is in the air of an hospital that chemistry and natural history should especially flourish there. Will it not one day be thought a strange thing that in 1866 we collected young men from all the counties of England to study flowers in the heart of London? At all events let the principle of free trade in education be fairly carried out. Let the student get his knowledge where it suits him best, provided that all due guarantees are exacted of its accuracy and completeness.

Your obedient servant,

February, 1866. F. C. S.

A Ratepayer.—The report in the *Marylebone Mercury* with reference to the observations of Dr. Brewer at the St. George's Committee of Works surely cannot be accurate.

Wager.—1. Italy has produced some eminent writers on physical, if not on metaphysical subjects.—2. Scarpa.—3. Tommasini.

A Practitioner, (Bradford.)—To either of them.

Theta.—The more frequent exciting causes are the application of moisture of a low temperature, rapid cooling of the body in the process of wet clothes drying upon it, &c.

A. F. B. should consult his medical attendant.

The Spa at Cheltenham.—Dr. Muspratt has discovered in the spa in the Cheltenham Gardens the protochloride of iron. In a communication to that gentleman, Dr. Herapath says:—

"I am very glad to see you have published in the *Chemical News* the results of your analysis of the new chalybeate spring at Harrogate. The change which has taken place in the composition of the water since Dr. Hofmann's analysis (1854) is very extraordinary and difficult to explain, and, as far as I can see, without a parallel in the history of our medicinal spas, either in England or on the Continent. It is evident that the *same* derived from its presumed analogy in composition with that of the saline spring at Cheltenham is wholly inappropriate now, as there can be no longer traced the slightest similarity between these waters, as *your chalybeate* is strictly *sui generis*. There is no other spa like it in the whole known world, and I fully agree with Dr. Kennion, as you have been the means of bringing so prominently forward, and in fact have *discovered*, its true chemical character and constitution, *and exhibited its special peculiarity*, that the proper mode of acknowledging this fact would be to cancel the old name, and call it 'Dr. Muspratt's Chalybeate Spring' for the future, *as being a far more appropriate and significant appellation*. I have pledged myself to bring the subject of variability of springs before our Bristol Philosophical Institution shortly, and should be glad of some of your Harrogate water for the purpose of displaying its wonderful properties."—*Harrogate Advertiser*, Feb. 10th, 1866.

J. J. J., (Liverpool.)—An examination has only just taken place at the College of Physicians. A Midwifery Board will meet at the College of Surgeons on the 29th instant. Our correspondent might save himself and us some trouble by consulting our advertising columns.

J. W., M.D.—Two cases of ovariotomy have lately occurred at St. Bartholomew's Hospital, one of which was successful.

A Constant Reader.—By order of Kimpton, bookseller, Wardour-street, Soho.

THE LICENCE OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

To the Editor of THE LANCET.

SIR,—Many months ago a movement was made to obtain the licence of the Royal College of Physicians of London by gentlemen holding only the qualification of L.S.A. The President and Fellows declined to accede to their request; but this could not be wondered at, as there is no surgical examination required for the Hall licence.

My object in writing is to suggest that the President and Fellows should take into consideration the case of gentlemen who, though not qualified and registered before January 1st, 1861, nevertheless have undergone the whole course of examinations for the diplomas held by them. Some time ago I called at the College, and saw the Secretary, and asked him if he did not consider I would be admitted to the modified examination in Medicine, Surgery, and Midwifery, the same as given to those who were qualified before January 1st, 1861. I told him I held three qualifications—viz., physician, Edin. (by examination), surgeon, and apothecary, but obtained after the prescribed time. I was informed by him that the examiners would not alter their regulations, and that I should have to submit entirely to the second part of the examination, which would cause me to be in London two days and three nights. I think this is really hard that I should be compelled to leave my practice for nearly three days. I think the modified examination in Medicine, Surgery, and Midwifery, as required by those holding only the College of Surgeons or Hall diplomas obtained before January 1st, 1861, should be extended to those already well qualified, no matter whether their qualifications were obtained before or after that date.

There are several gentlemen situated similarly to myself who would take the licence of the London College if permitted to present themselves for the examination I have named, which is, I believe, completed in one evening, and is entirely oral.

Surely the President and Fellows will consider this subject, and grant to those seeking their licence—who are already well qualified—the privilege of presenting themselves for the modified examination.

Can you, Mr. Editor, with your powerful aid, try to convince the authorities at the College of the justice of this application?—Yours truly,

February, 1866. L.R.C.P.E., &c.

Llewellyn Fund.—The subscription to this Fund, which now amounts to £202 4s. 8d., will be closed on the 8th of March.

X. Y. Z., (Rugby.)—He can do so by courtesy, if not by law.

Dr. M. G. Evans.—The amusing lines appeared in *Punch* some years since.

GALLATE OF AMMONIA.

To the Editor of THE LANCET.

SIR,—Can any of your readers give any information of the medical properties of gallate of ammonia, as I have lately found it very beneficial in two severe cases of congestive headache? Yours, &c.,

Amersham, Feb. 20th, 1866. WM. PROWSE, M.R.C.S.

P.S.—In the list of subscribers to the Poor-law Medical Reform Fund, given in your last impression, is an error which I shall be glad to see corrected. Instead of "Stamford and Felce, 10s. 6d.," it should be "Thompson and Felce, Launceston, 21s."

Dr. Jones, (Ventnor.)—An answer appeared lately in THE LANCET respecting the "pancreatic emulsion." Our correspondent should make application to Messrs. Savory and Moore.

L. L.—Both typhus and relapsing fevers may be said to be "famine fevers."

G. P., (Kenton.)—Dr. Knox's work, "Anatomy for Artists," published by Renshaw.

VACCINATION AND VARIOLA.

To the Editor of THE LANCET.

SIR,—I hoped that some one more competent than myself would have replied to the extract from the communication of "Public Vaccinator" (THE LANCET, Jan. 27th); but I should like to draw his attention to a few points in reference to his case. First, that the child must have caught the contagion of small-pox before being vaccinated. That variola is more powerful than vaccinia, and therefore not at all likely to be ejected from the system by it when once affected. That vaccination is useful as a preventive, and not as a cure. That vaccination, as a rule, does protect from small-pox, but not always, and that small-pox contracted after vaccination is modified.

I remain, Sir, yours obediently,

January 31st, 1866. W. L.

A Native (Huddersfield.)—Chemists and druggists practise in other places besides Huddersfield, and set the Medical Act at defiance.

George Robert S.—Pompholyx is a vesicular disease.

Argus, an Enemy to Humbug, (Sheffield.)—The work is beneath criticism.

IRISH COUNTY INFIRMARIES.

Mr. T. Westropp (Ardcanny, county Limerick) has addressed a letter to Mr. Urquhart, M.P., in which he says:—

"May I call your attention to a matter of *injustice* with regard to surgical appointments to Irish County Infirmaries, which I have been informed of—viz.: 'No surgeon, even though a fellow or member of the Royal Colleges of Surgeons of England or Scotland, can be at present appointed to the office of surgeon to an Irish County Infirmary unless he be, in *addition*, a member of the Irish College of Surgeons.' The spirit and intention of the late Medical Registration Act was to promote uniformity of medical preliminary and professional education, as well as equalization of the privileges of the holders of English, Irish, and Scottish diplomata and degrees; it being the business of the Medical Council (elected representatives of all the Colleges, with a few nominated by the Government for each division of the kingdom), to arrange the programme of education and examination. May I hope that you will obtain the opinion of Parliament on this point."

COMMUNICATIONS from Dr. Williamson, Dr. Goolden, Dr. Mackenna, and Mr. Coates (Salisbury) are in type, but their publication is unavoidably postponed, as is also that of the report of the Royal Medical and Chirurgical Society, THE LANCET Record of Medicine and Surgery, and an obituary of Dr. Watson, of Newcastle-on-Tyne.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Cobbold; Dr. Brinton; Dr. Copland; Dr. Morehead; Dr. Pollock; Dr. Williamson; Dr. Fagge; Mr. Hilton; Mr. H. Thompson; Mr. Toynbee; Mr. Adams; Dr. Kennedy; Dr. Crane; Mr. Griffin; Messrs. Fletcher and Herbert; Mr. Barrow; Mr. Thring; Dr. Sarvis; Dr. Jones; Mr. Kemp; Dr. Holtby, Whitby; Dr. Black; Messrs. Argles and Co.; Mr. Ransom; Mr. Greenway; Dr. Moore; Mr. Kent; Mr. Peel; Mr. Appleton, Harrogate; Mr. Nowell; Mr. Arrowsmith; Dr. Britten; Mr. Powell, Torquay; Dr. Evans; Mr. Gray; Mr. Prowse, Amersham; Dr. Fairless; Dr. Lowe, King's Lynn; Dr. Rogers; Mr. Thornton; Mr. Kimming; Mr. Williams, Wrexham; Mr. Gaskoin; Mr. Main; Dr. Shettle, Shaftesbury; Dr. Clarke, Lynton; Mr. Bedford; Mr. Pratt; Messrs. Copeland; Mr. Westropp, Ardcanny; Mr. Johnson; Mr. H. Denne; Mr. Reed, Mickleboro'; Dr. Morgan, Orange, N.S.W.; Mr. Love; Mr. Pycroft, Kenton; Mr. Allen, Dacca; Mr. Nutt, Sherborne; Mr. Nathan; The Hon. Secretary to the New Sydenham Society; Medicus; Epictetus; F. S.; C. R.; A. Z.; A Clinical Clerk; Paris; Enquirens; B. W.; M.B. Lond.; W. H. O.; A Native; A Practitioner; L.R.C.P. Lond.; &c.

THE *Tiverton Gazette*, the *Melbourne Herald*, and the *Somerset County Gazette* have been received.

Medical Diary of the Week.

Monday, Feb. 26.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 9 A.M. and 1½ P.M.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Classification and Structure of the Mammalia."

Tuesday, Feb. 27.

GUY'S HOSPITAL.—Operations, 1½ P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Professor Frankland, "On the Non-Metallic Elements."

ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Sir John Lubbock, Bart., and Mr. Fredk. Lubbock, "On the True Assignation of the Bronze Weapons."—Mr. John Crawfurd, "On the Origin and History of Written Languages."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. Callender, "On Stricture of the Urethra."—Mr. T. Holmes, "On Lumbar Colotomy."

Wednesday, Feb. 28.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.

LONDON HOSPITAL.—Operations, 2 P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Classification and Structure of the Mammalia."

Thursday, March 1.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

LONDON SURGICAL HOME.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Professor Frankland, "On the Non-Metallic Elements."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Anniversary Meeting.

CHEMICAL SOCIETY.—8 P.M. Mr. C. R. Wright, "On the Chemical Action of Sunlight."—Prof. Church, "On New Cornish Minerals."

HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. Broadbent, "On Prognosis in Heart Disease."

Friday, March 2.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Classification and Structure of the Mammalia."

ARCHÆOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—4 P.M.

ROYAL INSTITUTION.—8 P.M. Mr. G. Scharf, "On Portraiture: its Fallacies and Curiosities as connected with English History."

Saturday, March 3.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.

KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.

ROYAL FREE HOSPITAL.—Operations, 1½ P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Rev. G. Henslow, "On Systematic and Structural Botany."

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	0
For every additional line	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.